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THE UNIVERSITY OF ALBERTA

THE INFLUENCE OF STRESSORS, GENDER-ROLE AND SOCIAL SUPPORT ON DEPRESSION IN MARRIED WORKING WOMEN

BY

© KAREN J. DEBY

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE

DEGREE OF MASTER OF SCIENCE

in

FAMILY LIFE EDUCATION

DEPARTMENT OF FAMILY STUDIES

EDMONTON, ALBERTA

FALL 1986

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K. Deby

221 Weston Drive
Spruce Grove, Alberta
T0E 2C0

Date: October, 1986

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled: The Influence of Stressors, Gender-role and Social Support on Depression in Married Working Women, submitted by Karen J. Deby in partial fulfilment of the requirements for the degree of Master of Science in Family Life Education.

Dianne K. Kieren
.....
Supervisor

Janice Morin
.....

A. Lyndine
.....

Date: Oct. 3, 1986

DEDICATION

To my parents,

Beryl and Charles Deby,

who were always there when I needed them.

ABSTRACT

This thesis is a study of the relationship between stressors (life changes), social support, gender-role and depression. Specifically, it is a look at how social support and gender-role each influence the relationship between stressors and level of depression. It also looks into how gender-role influences the impact of social support on the relationship between stressors and level of depression.

The conceptual framework used for this research was the Double ABCX model that was developed by McCubbin and Patterson in 1983. In this model social support and gender-role are viewed as resources that are available to individuals. This study viewed these resources as acting as buffers between the stressors that had occured and level of depression.

The sample was comprised of 103 married, full-time employed female Registered Nurses. Standardized instruments incorporated into a mailed out questionnaire were used to collect the data. Since the questions being asked in this study concerned interactions between variables, a three-way analysis of variance procedure was used to analyse the data. This

was followed by f-tests to determine if the differences between the means obtained were significant.

The results of the three-way analysis of variance found the androgynous gender-role category to be associated with the lowest depression level. This was followed by the feminine category. The masculine category came third and the undifferentiated category was associated with the highest level of depression. The f-tests indicated that the mean depression rate for the androgynous group was significantly lower than the mean depression rate for the undifferentiated group. As well, the mean depression rate for the feminine group was significantly lower than the mean depression level for the masculine group. With regard to the question of social support, there was a significant difference between the means of the low social support and high social support groups on depression level.

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CHAPTER 1

Statement of the Problem

Introduction

Weissman and Klerman (1977) reviewed the literature pertaining to depression and the frequent observation that it is women who are more often affected. They compared sex ratios (female-male) in depression and found that in almost every case it was females who had the higher rate of depression. For example, in Massachusetts 1957-1958 the ratio was 2.5:1, in New Haven, Connecticut 1966 the ratio was 3:1. In Canada, 1971, the ratio was 1.7:1, and in the United States 1970 the ratio was 2.1:1 (p. 99).

Depression and other psychological illnesses are often used in stress research as indicators of stress level (Kessler & McLeod, 1984). One reason for this is that stress research is an extremely large area of study and it is necessary to divide it into smaller, more manageable units in order to conduct research. Another reason is that stress manifests itself in a variety of psychological and physiological symptoms and it would be very difficult and extremely expensive to attempt to study them all in one research project.

This chapter will briefly present an overview of stress research and its components. Out of this overview a specific focus of study will be delineated. The purpose of this chapter is to narrow the topic down to a manageable size and to provide a logical rationale for the choice that has been made.

Stress

Stress research is actually comprised of four components or spheres; a sphere being a distinct area or focus of research containing a variety of sub-parts that have been intensively studied over the last 20 years. The first sphere is composed of research into the sources of stress. These sources are referred to as life events or stressors. The second sphere is composed of research into mediators of stress. Mediators are also referred to as buffers. The third sphere includes research into coping responses and mechanisms. The fourth sphere concentrates on the manifestations of stress (McCubbin & Patterson, 1983; Pearlin, Lieberman, Menaghan & Mullan, 1981). These manifestations can be either psychological or physiological in nature.

Researchers have found stress to be a process rather than a discrete event(McCubbin & Patterson, 1983; Pearlin, et al., 1981). To develop an undertanding of stress, it is necessary to discern how the components or spheres of stress research influence and affect one another (McCubbin & Patterson, 1983; Pearlin, et al., 1981). Multivariate models are needed if we are to begin to understand the stress process. It is the interconnections between the spheres that form the process. It is the purpose of this thesis to identify and test some of these interconnections.

Stressors and Stress

The relationship between life changes and illness (stress), has been an important area of study over the past 20 years. Both psychological and physiological illnesses have been found to be related to life changes (Haw, 1982; Lin, Ensel, Simeone, & Kuo, 1979; Pearlin, et al., 1981). There is, at this time, a large body of literature linking stressful life events to illness.

Research into the interconnections between stressors and illness have ranged from animal experiments to epidemiological surveys (Dean & Lin, 1977). A large amount of research into the family

stress process of family groups has been carried out by McCubbin and his associates (1979, 1982, 1983, 1985). This research has looked at both normative and non-normative stressor events and their impact. It has looked into coping mechanisms, adaptation to crisis, the influence of the family's definition of the events, and the process of adjustment to the crises. This research has been directed toward the development and extension of a theory of family stress. This theory is referred to as the Double ABCX Model (McCubbin, Joy, Cauble, Comeau, Patterson, & Needle, 1980; McCubbin & Patterson, 1982; McCubbin & Patterson, 1983; McCubbin, Patterson & Wilson, 1982). One definite conclusion that can be drawn from the research that has been done to date is that the relationship between stressors and stress is not clear cut or linear. There are many factors that influence this relationship in a number of different ways.

Stress is a concept that can be and has been operationally defined in many different ways by researchers. Pearlin, et al. (1981, p. 341) suggests: "...in large measure the confusion surrounding the concept results from disagreements about which of its many outcomes can be regarded as the 'real'

manifestation of stress". It has been argued that stress manifests at the biochemical, physiological and emotional levels of functioning. There is no agreement, at this time, about where the stress response is most clearly reflected (Perlin, et al., 1981). One indicator that has been used in a large number of studies has been the level of psychological illness reported by participants. As a result, a large amount of data has been collected on the relationship between stressors and the presence of psychological illness (Etzion, 1984; Kessler & McLeod, 1984; Weissman & Klerman, 1977).

Gender Differences in Stressors and Stress

Research has found that overall, the psychological impact of negative life events is significantly greater for women than it is for men (Etzion, 1984; Kessler & McLeod, 1984; Weissman & Klerman, 1977). In particular, epidemiological studies that have been done on depression have frequently observed that women experience a higher incidence of depression than men (Weissman & Klerman, 1977). Further research into this relationship between gender and depression have found that it is, in particular, married women that have the

highest levels of depression (Weissman & Klerman, 1977).

Since depression appears to be a serious problem for large numbers of married women, this research will use depression level as the measure of stress level. The population to be studied will be confined to married women. Married women will be defined as those who are cohabiting with a man, whether they are legally married or not.

Employment and Stress

Research into the effect of employment on women's psychological well-being has yielded conflicting results (Roberts, Roberts, & Stevenson, 1982; Roy, 1978). Some research indicates that working women score better on tests of mental health (Burke & Weir, 1976; Gove & Geerken, 1977), while other researchers have found no significant differences between working and non-working wives (Northcott, 1980).

The question of whether women's psychological well-being is associated with having paid employment would appear to be unresolved at this time. Since the effect of employment on stress is not clear, this study will limit its scope to the relationship between

stressors and stress (depression) for women who are cohabiting and who are employed full-time.

Definitions of Stressors and Stress

In the family literature "stressors are defined as those life events or occurrences of sufficient magnitude to bring about change in the family system" (McCubbin, Joy, Cauble, Comeau, Patterson, & Needle, 1980, p. 857). This research will focus on stressors and stress of working women. However, since the family is an interrelated system, what happens to one member of the family has an effect on the other members (McCubbin, Patterson & Wilson, 1982). Consequently, all life events in an individual's life must be considered for a comprehensive measure of the number of stressors with which they are faced. Stressors are therefore defined as life events "which require change in the individual's ongoing life pattern" (McCubbin, Patterson & Wilson, 1982, p. 77). Stress is defined as "the organism's physiological and psychological response to these stressors, particularly when there is a perceived imbalance between environmental demands (life change) and the individual's capability to meet these demands" (McCubbin, Patterson & Wilson, 1982, p.

77). As noted above, the operational definition of stress that will be used in this study is depression level.

Effects of Social Support on Stressors and Stress

A large amount of research has been done during the last twenty years on the role of social support as a mediator of work and family stress (Etzion, 1984; McCubbin, et al., 1980). Although social support has been found to be a strong moderator of stress, this effect is not universal (Lefcourt, Martin, & Saleh, 1984). What has been found is that some types and sources of social support are more beneficial than others and some people can make better use of their supports than others (Lefcourt, Martin, & Saleh, 1984).

For example, Etzion (1984) found different patterns of moderating effects of social support on stress and burnout for men and women. The work, stress and burnout relationship was moderated by support in work for men and by non-work support for women. The relationship between non-work stressors and burnout was not moderated by social support for either men or women (Etzion, 1984).

A key question that arises is why are some people able to benefit from support more than others and what type of support is the most beneficial? Finding answers to these questions may help us further our understanding of the process of adaptation to stress. Since individuals and families must deal with ever increasing numbers of stressors in our fast paced society, it is important that we continue to develop our understanding of why some families and individuals are more adversely affected by stressors than others. Increasing our understanding of the role social support plays should help us to understand the stress process a little better. This study will concentrate on how social support influences the relationship between stressful life events and stress as measured by the level of depression in married working women.

Some researchers have viewed social support as playing a protective role by acting as a buffer against the effects of stress (Bell, LeRoy, & Stephenson, 1982; LaRocco, House, & French, 1980). Other researchers have viewed social support as a coping mechanism (McCubbin, et al., 1980). In this research social support is viewed as a buffer. A buffer moderates the impact of stressful life events,

thereby protecting the individual from the negative effects of the stressors.

A problem with the research that has been done on social support has been the lack of a clear definition. Many different definitions of social support have been used (Cooke, Rossmann, McCubbin, & Patterson, in press; Leavy, 1983). To complicate matters more, there appear to be a number of aspects to social support. Four general aspects are the source, amount, type and quality of support received (Leavy, 1983). One of the better definitions of social support was formulated by Cooke, Rossmann, McCubbin, and Patterson (in press) and will be used in this study. Their definition includes five types or kinds of behavior: emotional support, esteem support, network support, appraisal support and altruistic support.

1) Emotional support - information which leads you to believe that you are cared for and loved as a person.
2) Esteem support - information which leads you to believe that you are valued and respected for who and what you are and what you do.
3) Network support - information which leads you to believe that you receive a sense of trust and security for belonging to a group to whom you are also obligated.
4) Appraisal support - information which provides you with feedback about how you are doing and ideas for resolving difficulties.
5) Altruistic support - information which leads you to believe that you are worthwhile because

of what you have done with and for others.

Effects of gender-role on stressors and stress

Gender-role appears to be another variable that buffers the effects of stressors on an individual's level of stress (Bem, 1977; Patterson & McCubbin, 1984; Spence, Helmreich & Stapp, 1975). Gender-role or sex-role is defined as "sets of characteristics expected of individuals because of their biological sex" (Ruch, 1984, p. 99). Specifically, gender-role, as measured by the Bem Sex-Role Inventory, is associated with an expressive orientation on the femininity scale and with an instrumental orientation on the masculine scale (Bem, 1977; Spence & Helmreich, 1980). It is important to note that the scale is limited to a measurement of instrumentality and expressiveness, two specific dimensions of an individual's gender-role identity. These do not constitute a comprehensive measurement of gender-role identity. Expressiveness is defined by Bem as "an affective concern for the welfare of others and the harmony of the group" while instrumentality is defined as having "a cognitive focus on getting the job done or the problem solved" (1978, p. 10).

Gender-role scores on the Bem scale are categorized as androgynous, traditional, cross-sexed and undifferentiated. Subjects categorized as androgynous are those who score high on measures of both masculinity and femininity, while subjects who score low on both these dimensions are categorized as undifferentiated. Those who score high only on the dimension normally associated with their gender are categorized as traditional. Those who score high only on the dimension not normally associated with their gender are categorized as cross-sexed.

Current research seems to indicate that persons with scores in the androgynous range have more psychological flexibility in their responses to stressors (Felton, Lehmann, Brown & Liberatos, 1980; Patterson & McCubbin 1984). Since individuals categorized as androgynous have both expressive and instrumental attributes they should, theoretically, have a wider range of responses available to them (Patterson & McCubbin, 1984). This should make them better able to adapt to the demands of the situation (Patterson & McCubbin, 1984).

Another reason gender-role may, to some extent, predict the ability to deal with an accumulation of

stressors is its connection to social support. Some research has found that patterns of self-disclosure and types of self-disclosure can be better predicted by gender-role than by gender (Lombardo & Lavine, 1981; Lavine & Lombardo, 1984). It would be expected that people with higher levels of self-disclosure would develop more intimate relationships with others. These intimate relationships should be a rich source of social support for these people.

Statement of the Problem

It would appear that gender-role may be a factor that can predict, to some extent, who will benefit from social support. It is also possible that gender-role and social support directly influence the impact of stressors on an individual's stress level. However, the literature is inconclusive at this time. Therefore, the purpose of this study is to investigate the direct impact and inter-relationships between gender-role and social support as possible moderators of the relationship between number of stressors and level of depression in married working women. More specifically: How are gender-role, social support, stressors and depression level related?

The problem statement can be further divided into three subproblems.

1) How does the amount of social support influence the relationship between number of stressors and level of depression for married working women?

2) How does gender-role influence the relationship between number of stressors and level of depression for married working women?

3) How does gender-role influence the impact of social support on the relationship between number of stressors and level of depression for married working women?

CHAPTER 2

Conceptual Framework

Introduction

The stress process can be looked at in many different ways. Past research on the stress process has been done using a variety of different models or conceptual frameworks. One of the models currently being used in stress research is the Double ABCX model (McCubbin & Patterson, 1983).

This chapter describes the model and the parts of it that are of importance to this research project. A description of how the variables of interest to this study fit into the model is provided. The chapter is concluded with a summary of the predicted relationships and a diagram of the model as it is being used in this project.

The Double ABCX Model

In 1958 Hill developed the ABCX family crisis model:

> A (the stressor event)--interacting with B (the family's crisis meeting resources)--interacting with C (the definition the family makes of the event)--produces X (the crisis) (Hill 1958 cited in McCubbin & Patterson, 1983, p. 88).

Since that time family scholars have been building on this model. McCubbin and Patterson (1982) have advanced the Double ABCX model which they feel more adequately describes family's adaptation to stress or crisis. McCubbin and Patterson felt the original ABCX Model would likely be strengthened by the addition of postcrisis variables, since this "could facilitate our understanding of which families are better able to achieve satisfactory adaptations to crisis" (1982, p. 44). This model is, at this time, one of the main conceptual frameworks being used in the study of family adaptation to stress and is the basic model that will be used for this research.

The following theoretical analysis will demonstrate how the model helps explain the possible relationships between the variables in this study. It is the intention of this study to expand on the Double "B" factor (personal and family resources). In particular, the intention is to develop further the theoretical connections between personal resources and interpersonal or family resources.

This research will focus upon the Double "B" Factor which involves personal and family resources (McCubbin & Patterson, 1982). Resources include

characteristics of individual members, of the family unit, and of the community (McCubbin & Patterson, 1983). These resources are of two general types. The first (b of the bB factor) are resources that are already available and that reduce the impact of stressors (McCubbin & Patterson, 1982; McCubbin & Patterson, 1983). The second type of resources (B of the bB factor) are coping resources developed in response to the crisis (McCubbin & Patterson, 1982). It is resources that are already available (the b factor) and that may reduce the impact of stressors that are of particular interest to this study.

Gender-role is considered to be a personal resource in this study. Gender-role is one aspect of an individual's identity. It influences the way the person views herself and consequently the way that person approachs life. One example of this is the way the individual approaches dealing with the stressors with which she is faced. Theoretically having an androgynous gender-role provides an individual with more psychological flexibility when dealing with stressors. Theorists who promote the concept of psychological androgyny contend that androgynous individuals are better adjusted than their sex-typed

counterparts since they can draw on both masculine and feminine responses to situations (Bem, 1974; Berzins, Welling & Wetter, 1978; Spence, Helmreich & Stapp, 1975).

The masculinity component of gender-role appears to provide individuals with a view of themselves as capable of dealing with life. The research that has been conducted to date has found strong relationships between gender-role and mental health (Bassoff & Glass, 1982). In a meta-analysis of 26 studies, Bassoff and Glass found support for a strong positive relationship between both androgyny and masculinity and mental health.

A person's gender-role may also influence the impact of stressors on an individual by influencing how the person perceives the situation. The meaning that is given to a situation is the Double "C" factor in the Double ABCX model. The c of the cC factor is the perception the family holds of the most significant stressor event that has occurred. The second "C" factor is the perception the family holds of its total "crisis situation" should one occur (McCubbin & Patterson, 1983). Research has supported the view that the way an individual or a family defines or views a

situation is an important factor in the relationship between stressors and stress. In his research Shaw (1982) found that androgynous females rated their stressful life events (c of the cC factor) as less disruptive than other subjects. The androgynous females were also better adjusted and rated themselves as happier than the other subjects.

Gender-role is an example of a personal resource that is available to an individual prior to the onset of a stressor. It is believed that a person's gender-role will influence the impact of the stressor or stressors. It would appear that gender-role may influence the impact stressors have on individuals by, at least in part, influencing their use of and benefit received from social support.

Several studies have found that a person's gender-role is related to patterns of self-disclosure (Lavine & Lombardo, 1984; Lombardo & Lavine, 1981). These studies found a strong positive relationship between androgyny in women and level of self-disclosure to parents and to best friends. This higher level of self-disclosure is likely to increase the possibilities of developing supportive relationships. Other research has found that androgynous and feminine individuals

receive more social support (Burda, Vaux & Schill, 1984). It would therefore appear that the type and amount of social support available to an individual is likely to vary with the gender-role of that individual.

It would appear that gender-role and its relationship with social support influence the impact of stressors on individuals. As noted above, gender-role is being viewed in this research as a personal resource. Social support is viewed as an interpersonal resource. (These are both aspects of the "b" factor.) There may be an interaction between these two levels of resources with the personal resource, gender-role, influencing the more complex interpersonal level of analysis (social support).

The relationship between gender-role, social support, stressors and stress is very complex. It is not a straight linear relationship (see Figure 1). Rather, it appears that personal resources influence the relationship between stressors and stress. At the same time, personal resources may have an influence on interpersonal resources which in turn affects the relationship between stressors and stress level. Consequently, it is our contention that there may be an interaction occuring between the various levels. To

begin to understand the impact of these resources on stress it is necessary to look at the interrelationships as well as the direct relationships.

Another aspect of this model that is important for this research is the Double "A" Factor (McCubbin & Patterson, 1983). This "aA" factor is comprised of the pile-up of stressors and strains. McCubbin and Patterson (1983) have found, in their research, that families and individuals seldom are faced with a single stressor, but are faced with a number of stressors which pile-up over a period of time. In response to this finding, this research will look at stressors as additive, with each additional stressor adding to the total magnitude of life change (McCubbin & Patterson, 1982).

Life events that require a change in an individual's life pattern are viewed as stressors, and stress is the physiological and psychological response to these stressors (the xX factor) (McCubbin & Patterson, 1982). It has been found that there is a relationship between life events and illness, and consequently stress is viewed as the theoretical construct that is the response to these life events (McCubbin & Patterson, 1982). The psychological

response that will be used as a measure of stress in this research is depression.

Summary

Specifically, it is expected that each subject will have a pile-up of stressors (aA factor). The level of this pile-up will of course vary from one subject to another. The "b" factor is composed of both personal and interpersonal resources. In this project those resources are gender-role and social support. It is expected that these resources may act to buffer or moderate the impact of the stressors (aA). It is also expected that there will be an interaction between the two levels of resources, with the personal resource affecting use of the interpersonal resource. The "c" factor, perception of the event is expected to vary by gender-role and have an influence on the impact of the stressors as well. However, the "c" factor is not being specifically measured or tested in this project. The outcome variable is stress level (the xX factor) and is being measured by level of depression. Figures 1 and 2 summarize the proposed inter-relationships between these variables.

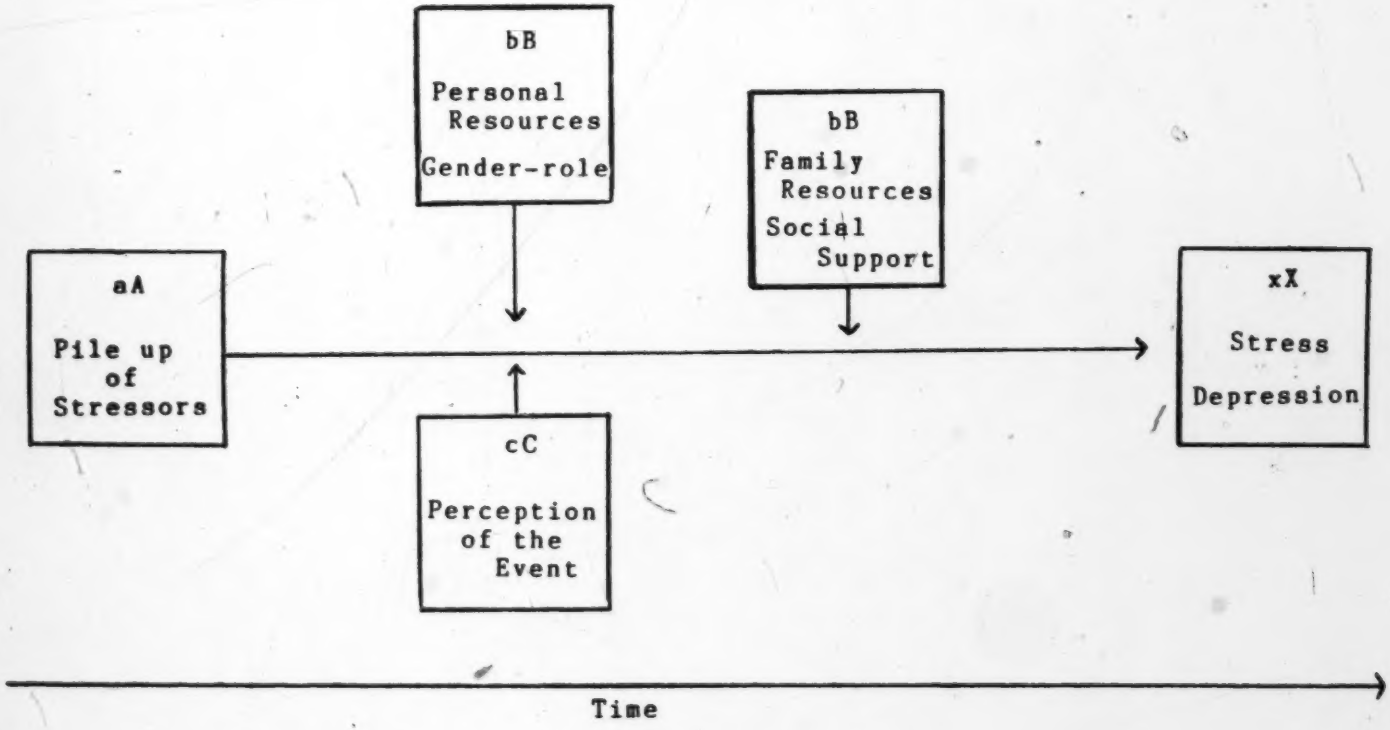

FIGURE 1 The Conceptual Model

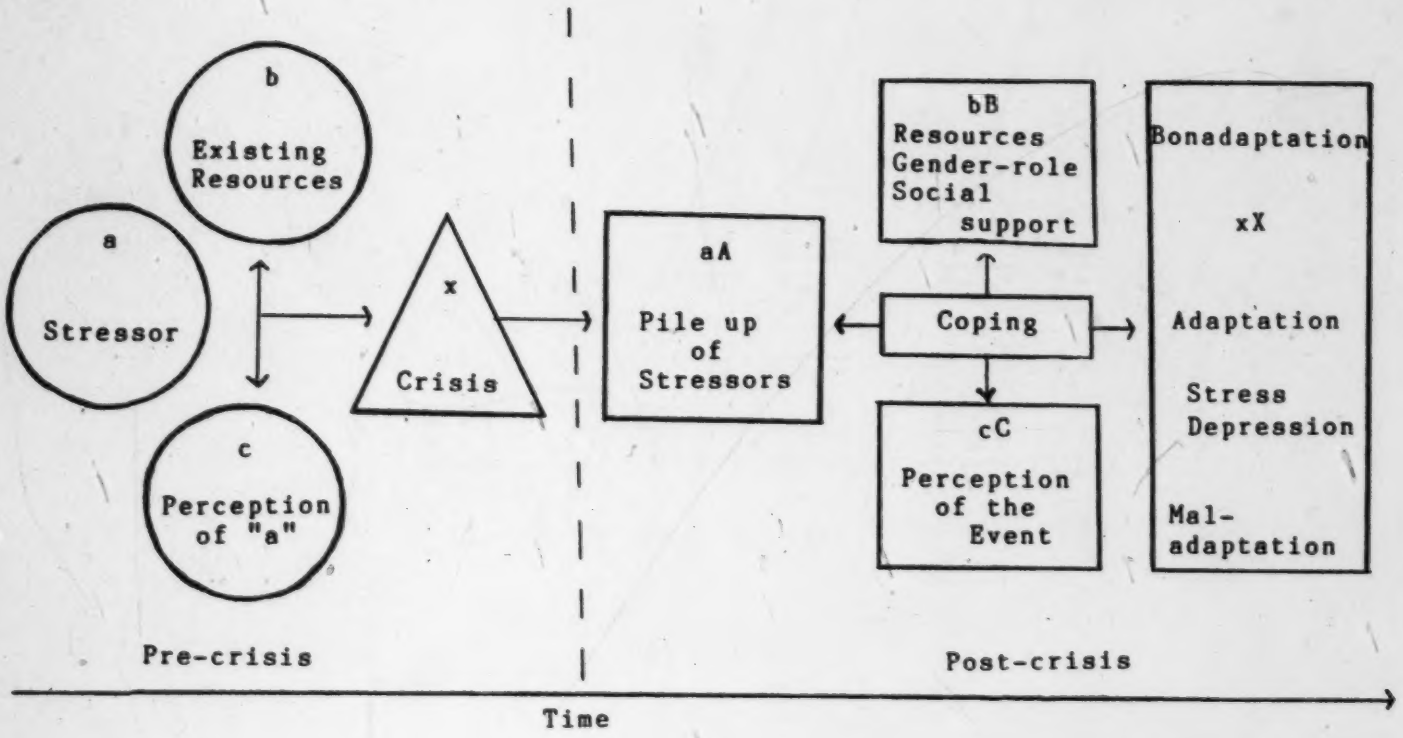

FIGURE 2 The Double ABCX Model (McCubbin & Patterson 1982)
* Reproduced by permission of the authors.

CHAPTER 3

Literature Review

Introduction

The following review of the literature will expand on the ideas presented in the preceeding two chapters. This will be accomplished by a review of several major bodies of literature that are relevant to this research project. The first section of this review looks at the relationship between stressors and stress. This will be followed by a section that reviews gender differences in the relationship between stressors and stress. Section three reviews literature pertaining to social support as a buffer of stress. Finally, in section four the effects of gender-role on stressors and stress is reviewed.

Stressors and Stress

Over the last 20 years a considerable amount of research has been conducted on the association between stressful life events and illness. This research has established that "stressful life events are associated with the onset, incidence, and prevalence of a wide

range of physical and psychiatric disorders" (Dean & Lin, 1977, p. 403).

Several life-events scales have been developed to measure life changes. High scores on these scales indicate that a high number of life changes have occured in the individuals' lives. High scores on these scales have been related to both psychological and physiological symptoms and illnesses (Dean & Lin, 1977; Lin, Ensel, Simeone, & Kuo, 1979). Specifically, stressful life events have been found to be associated with symptom indices of undifferentiated psychiatric illness, depression and suicide attempts. As well, stressful life events have been found to be positively related to heart disease and childhood leukemia (Dean & Lin, 1977).

An example of one possible result of chronic stressors is burnout, a term that has been used in the literature to describe one end result of chronic stressors. Burnout is defined as "a state of physical, emotional, and mental exhaustion" and is the result of the build up of stressors rather than the result of any one, unique, life event (Etzion, 1984, p. 615). Burnout may be an end result of stressors in the home and/or work environment. Prior to burnout a variety of

individual stress symptoms may be experienced. Examples include fatique, insomnia, depression, nervousness and muscular tension (Bartolome, 1983). According to Bartolome (1983) the symptoms have a definite order with psychological symptoms preceding the physiological symptoms.

Gender Differences in Stressors and Stress

Research on the impact of negative life events has found that the psychological impact is significantly greater for women than for men (Etzion, 1984; Kessler & McLeod, 1984; Weissman & Klerman, 1977). Etzion (1984), looked at the relationship between work and non-work stressors and burnout. She found that women experienced more stress and more burnout from stressors from non-work sources than men. No differences were found between men and women for stresses from work sources.

Kessler and McLeod (1984) also found women to be more negatively affected by life stressors than men. They found that the women reported knowing about more negative events occuring within their social network than the men. They also found the women to be significantly more affected by these events than the

men. They presented evidence to argue that these results were "due to the greater emotional involvement of women in the lives of those around them" (Kessler & McLeod, 1984, p. 620).

A frequent observation in epidemiologic studies is that women experience a higher incidence of depression (Radloff, 1975; Roberts & O'Keefe, 1981; Weissman & Klerman, 1977). Weissman and Klerman (1977) reviewed the literature concerning this gender difference in the frequency of depression back over a 40 year period. They found that women consistently had higher rates of depression at every age group. They analysed the data to determine if women were being subjected to more stressors than men. Their conclusion was that there were no consistent sex differences. However, they felt the scales might be insensitive to certain chronic conditions, such as the impact of a large family, that might impact on women more than men.

Studies on depression seem to indicate that it is particularly married women who are in the worst mental health (Aneshensel, Frerichs & Clark, 1981; Gove, 1972; Gove & Geerken, 1977; Radloff, 1975; Roberts & O'Keefe, 1981). Gove (1972) reviewed studies of many mental illnesses and found that the higher overall rates for

women were accounted for largely by the higher rates obtained by married women. Radloff (1975) also found married women to have significantly higher rates of depression.

The effect of employment status on depression has been studied in order to determine whether employment, outside the home, might have a protective effect on married women. This research has yielded conflicting results. Gove and Geerken (1977) found employed wives to be in better mental health than housewives. As well, Roy (1978) found lack of employment to be associated with depression in working-class women. Roberts and O'Keefe (1981), in contrast, did not find the employment status of the wife to have any significant effect on depression scores. Research by Radloff (1975) also failed to find any significant difference in depression between employed and non-employed wives.

Wright (1978) analysed the data from six national surveys conducted between 1971 and 1976. He found no evidence that working women were happier or more satisfied than housewives. He felt that both roles had costs and benefits associated with them and that we

should guard against exaggerating the benefits of being employed.

Warr and Parry (1982) reviewed the results from 38 studies that tested the relationship between employment status and psychological well-being. They found that in certain circumstances there was a significant relationship between employment status and psychological well-being, however, in other cases there was no relationship found. They felt that the relationship was not a simple one, that there were many other factors that needed to be taken into account before meaningful results would be obtained.

Research over the last 20 years has indicated that work may be a significant source of stressors and that these stressors may be tied to physical and mental ill health (Haw, 1982). However, the studies that have been done on work related stressors have generally used men as subjects or have not analyzed gender differences (Haw,1982). This is a problem for a couple of reasons. Firstly, women and men still tend to do different types of work and are consequently exposed to different work hazards (Haw, 1982). Secondly, women are still held responsible for the majority of housework and child care demands. They are consequently faced with

multiple demands and conflicting expectations that men don't generally face (Haw, 1982).

It has been quite well documented in the literature that married women experience higher rates of depression than men or single women. However, the question of whether women experience higher levels of life change in their lives has not, at this time, been clarified. The effect employment has on depression in women has also not been clarified as yet.

Social Support

Research has found that given the same level of life change different individuals will experience different levels of stress. As a result, stressful life event researchers have begun to investigate the interactions of mediating factors. Evidence has been found to suggest that social support may be an especially important mediator of the life change-psychological distress relationship (Bell, LeRoy & Stephenson, 1982; Lin, Ensel, Simeone & Kuo, 1979; Wilcox, 1981).

Wilcox (1981) investigated social support as a buffer between life events and psychological distress. The buffering hypothesis he used in this study expects

that at high levels of life change social support will protect the person from psychological distress. At low levels of life change it is expected that social support will be unrelated to the level of psychological distress. The buffering hypothesis was supported by his research. In this study Wilcox used two different measures of social support. He used the Social Support Index (SSI) which measures the quality of social support and the Social Support Questionnaire (SSQ) which measures number of supporters. Although statistically significant results were obtained with both measures, results obtained using the SSQ accounted for only 3% ($p < .001$) of the variance, while results obtained using the SSI accounted for 9% ($p < .001$) of the variance. Consequently, Wilcox believes quality of social support is the more important factor with respect to the buffering effect of social support on psychological distress.

LaRocco, House and French (1980) investigated the relationship between social support, occupational stress and health. Their research found support for the buffering effects of social support on the relationship of perceived job stressors to mental and

physical health variables (anxiety, depression, irritation, and somatic symptoms).

Bell, LeRoy and Stephenson (1982) also investigated the buffering effects of social support. They studied the effect of social support on the relationship between life events and depressive symptoms. They found that the people in their high social support group showed less severe distress from increasing numbers of life events. While respondents in the low social support groups experienced the highest levels of depressive symptoms. These findings were statistically significant and provide support for the hypothesis that social support acts as a buffer.

One aspect of social support that has received some individual attention has been the relationship between the quality of marital relations and emotional disposition. It would appear that having a supporting relationship with one's spouse may be a powerful mediator between life events and psychological symptoms (Brown & Harris, 1978; Vanfossen, 1981; Weissman & Paykel, 1974).

Vanfossen (1981) studied the effects of spouse support and equity on mental health. The findings of this study supported the idea that expressive and

equitable relationships with a spouse provide some protection against depression. Affirmation was the particular aspect of social support that was significantly related to lower depression for the wives in this study. For both males and females she found that "those who indicate their spouses affirm and appreciate them are considerably less likely to be depressed than those who do not feel affirmed" (Vanfossen, 1981, p. 136).

Brown and Harris (1978) conducted a study that investigated the time-order of events. They found that an intimate relationship with a husband or boyfriend was a powerful mediator between negative life events and depressive symptoms.

Although the evidence is not at this time conclusive, there is some support for the hypothesis that social support has a buffering effect on resulting stress. This has the potential to explain, at least in part, the differing levels of stress experienced by individual's subjected to the same number of stressors.

Effects of Gender-Role on Stressors and Stress

Individuals who are androgynous combine high levels of feminine and masculine characteristics.

Contemporary theorists who promote the concept of psychological androgyny maintain that androgynous individuals are better adjusted than their sex-typed counterparts (Bem, 1974; Berzins, Welling & Wetter, 1978; Heilbrun, 1976; Spence, Helmreich & Stapp, 1975). This idea is based in part on the assumption that androgynous people have more flexibility because they can draw on both masculine and feminine responses to situations (Spence, Helmreich & Stapp, 1975; Worell, 1978).

Gender role is also related to patterns of self-disclosure (Lavine & Lombardo, 1984; Lombardo & Lavine, 1981). It is considered to be a better predictor of self-disclosure than gender (Lombardo & Lavine, 1981). Androgynous women disclose significantly more than their traditional counterparts to all targets (mother, father, best male and female friend) (Lavine & Lombardo, 1984). A consequence of these higher levels of disclosure to both-sex peers is a wider range of individuals in whom androgynous women can confide (Lavine & Lombardo, 1984).

A study conducted by Burda, Vaux, and Schill (1984) found that femininine and androgynous individuals receive more social support than masculine

and undifferentiated individuals. This was especially true with regard to emotional support and perception of support (Burda, Vaux, Schill, 1984).

Felton, Lehmann, Brown, and Liberatos (1980) studied gender role attitudes during marital disruption. Their sample consisted of 114 couples who had contacted a court-sponsored marriage counseling service. The results of this study indicated there was an interaction between gender-role attitude and stress for the women but not for the men. The women in this study who had a non-traditional gender role experienced less distress as a result of marital disruption than those who had a traditional gender role (Felton, Lehmann, Brown, & Liberatos (1980).

Shaw (1982) investigated the relationship between psychological androgyny and stressful life events. He found that androgynous females rated their stressful life events as less undesirable than other subjects. He also found the androgynous female subjects to be better adjusted and to rate themselves as happier than other subjects. He found some evidence that pointed to a differential access to and use of social support systems that might help explain the differences between

the groups. He thought there should be further research into this possibility.

Pidano and Tennen (1985) assessed the influence of gender-role as a mediator of transient depressive experiences. They found the level of masculinity for females to be an important consideration.

Whitley (1984) used a meta-analysis to test the adequacy of three models commonly used to explain the relationship between gender-role and psychological well-being. The models tested were the traditional congruence model which proposes that when one's gender-role orientation is congruent with one's gender psychological well-being will be maximized; the androgyny model which proposes that psychological well-being will be maximized when one's gender-role contains high levels of both masculine and feminine characteristics; and the masculinity model which proposes that well-being will be maximized to the extent that one has a masculine gender-role. The results of this meta-analysis provided the most support for the masculinity model. Masculinity was found to have a moderately strong relationship to high adjustment, as well as to lack of depression. Femininity had a small relationship to adjustment and

no relationship to depression. Consequently, having an androgynous gender-role had no significant advantage over having a masculine gender-role when related to level of depression. There was no support at all for the congruence model.

Another meta-analysis of twenty-six studies on the relationship between gender-role and mental health was conducted by Bassoff and Glass (1982). They also found a strong positive relationship between masculinity and mental health. Androgyny was also found to be associated with mental health, but it was the masculinity component of androgyny that accounted for the strong relationship. The level of femininity appeared to be largely irrelevant. On the scales they constructed they could not distinguish androgyny from masculinity as a correlate of mental health. Bassoff and Glass analysed the different measures of gender-role that had been used in the various studies. They found no significant differences between the various measures that had been used.

Lefcourt, Martin and Saleh (1984) found that subjects who were more autonomous derived more benefit from social support. Since autonomy is a masculine characteristic it follows that individuals who have

either a masculine or androgynous gender role orientation should derive the greatest benefit from social support.

It would appear that gender role may be a good predictor of who is likely to receive the most social support, as well as, who is most likely to benefit from the social support they receive. The literature seems to indicate that high femininity may be associated with receiving high levels of social support. While high masculinity, in contrast, may be related to the benefit received from the social support. It also appears that gender-role may be a predictor of who is more likely to experience depressive symptoms when subjected to high levels of negative life-events.

Conclusion

It has been fairly well documented over the past 20 years that there is a positive relationship between levels of stressful life events and psychological distress. Research has also consistently found that it is married women in particular who experience the highest levels of psychological distress. However, there is no clear evidence that married women experience higher levels of negative life-events. As

well, research findings on the influence of employment on the mental health of married women are contradictory.

There is some support in the literature for the hypothesis that social support may act as a buffer between life-events and psychological distress. There is also some evidence that certain individuals benefit more from social support than others.

Gender-role would appear to be a factor that may predict, to some extent, who will benefit the most from social support. It would also appear to predict, in part, who is most likely to experience the highest levels of psychological distress when subjected to a high number of life-events. In order to empirically test the predictive value of gender-role, a number of hypotheses have been formulated.

Predicted Results

It is expected that there will be a main effect for the number of stressful life events on the level of depression. This relationship between stressors and illness has been established in many previous studies. We expect to replicate this finding.

We also expect to find a main effect for the amount of social support received on the level of depression. This relationship has also been found in other studies.

It is also expected that there will be a main effect for gender-role on the level of depression. This will be particularly evidenced by having a masculine or androgynous gender-role. Previous research has found a high score on the masculinity scale to be positively related to mental health. The femininity score appears to be unrelated to the level of mental health experienced.

In this research, gender-role is viewed as a personal resource. It is our belief that there will be an interaction effect between gender-role and the level of life events on the level of depression. It is expected that subjects who score high on masculinity will not be as adversely affected by increases in the number of life events as subjects who are low on the masculinity scale. This contention has received some support in the literature.

Social support is also viewed as a resource, an interpersonal resource. It is our belief that it may mediate the relationship between the level of life

events and the level of depression. Specifically, we expect there will be an interaction between stressors and social support on the level of depression. What is expected is that at low levels of life change there will be no relationship between social support and level of depression. However, at high levels of life change social support is expected to protect the person from psychological distress.

It is also expected that there will be an interaction effect between gender-role and the total amount of social support received on the level of depression. Previous research has found high femininity to be associated with receiving high levels of social support, while high masculinity is related to the benefit received from the social support. Consequently, it is expected that subjects scoring high on the femininity scale will report receiving higher levels of social support, while subjects high on the masculinity scale will make better use of the social support they receive. Subjects who are androgynous would theoretically receive higher levels of social support and make better use of the support they do receive. As a consequence androgynous subjects would have lower levels of depression than any other group.

They would be followed by the subjects who score high on the masculinity scale who in turn would be followed by subjects scoring high on femininity only. The group of undifferentiated subjects are expected to have the highest levels of depression.

Finally, we expect to find an interaction between stressors, gender-role and social support on the level of depression. If our previous hypotheses are correct it follows logically that there will be an inter-relationship between all four variables.

Null Hypotheses

1. There will be no significant main effects on the level of married women's depression (by number of stressors).

2. There will be no significant main effects on the level of married women's depression (by amount of social support).

3. There will be no significant main effects on the level of married women's depression (by gender-role).

4. There will be no significant interaction effects between stressors and gender-role in the amount of depression experienced by married women.

5. There will be no significant interaction effects between stressors and social support in the amount of depression experienced by married women.

6. There will be no significant interaction effects between gender-role and social support in the amount of depression experienced by married women.

7. There will be no significant interaction effects

between stressors, gender-role and social support in the amount of depression experienced by married women.

CHAPTER 4

Methodology

Introduction

This chapter contains a description of the basic research methods utilized to address the research questions for this project. Specifically, it describes the specific selection and basic characteristics of the sample, the materials used for the project, and the methods that were employed. As well, details about the research design used for the project are delineated.

Sample

The sample for this research was comprised of 103 married women. Women were chosen for this research project because they have been found to experience more negative effects from stressors than men. Research has also found that married women experience more depression than any other group. Consequently, this population was chosen as the subject of study.

The respondents selected for this project were employed full-time (minimum 30 hours/week). The decision was made to study working women because there is still a dispute in the literature about what effect

working has on women's stress level. It was felt that this variable (employment) had to be controlled in order to avoid any possible confounding effects.

A sample of married working women was obtained from The Alberta Association of Registered Nurses by requesting permission to survey their married female employees. Two hundred names (out of a total population of 6,573 married, full-time employed Nurses) were randomly drawn by them for use in this research. Their computer had the capacity to draw a random sample from the total population of names they have in their records. A total sample size of approximately 100 was desired for the statistical analysis.

Instrumentation

A questionnaire was developed using several standardized instruments to measure stressors, gender-role, social support, and depression. They are as follows.

Stressors

The number of stressors in each woman's life was measured using the Family Inventory of Life Events and Changes (FILE) as developed by McCubbin, Patterson, and

Wilson (1982). The overall reliability (Cronbach's Alpha) for FILE is .81 with subscale scores varying from .73 to .30. This indicates that internal consistency is established best by using the total scale score rather than sub-scale scores. Consequently, the authors suggest that only the total scale score be used. A total score is computed by assigning a weight to each question that has a yes response and then adding the weights together. Test-retest reliability for FILE ranges between .72 and .77.

Gender-role

Gender-role was measured using the Bem Sex-Role Inventory (BSRI) (Bem, 1978). This scale is based on the "conception of the traditionally sex-typed person as someone who is highly attuned to cultural definitions of sex-appropriate behavior and who uses such definitions as the ideal standard against which her or his own behavior is to be evaluated" (Bem, 1978, p. 4). There has been a lot of criticism directed at the Bem Sex-role Inventory. It has been claimed that the scale does not actually measure gender-role at all (Spence & Helmreich, 1980). The validity of the scale

has been questioned and it has been strongly suggested that the femininity and masculinity traits are actually each composed of more than one factor (Pedhazur & Tetenbaum, 1979). Despite these criticisms, the scale is still being widely used by researchers. As well, there have been many interesting correlations found between the dimensions measured by the Bem Sex-role Inventory and such things as self-disclosure, and mental health (Bassoff & Glass, 1982; LaTorre, 1978; Lavine & Lombardo, 1984; Whitley, 1984). Since this scale is still one of the most widely used scales for measuring gender-role and since none of the other scales that measure gender-role appear to be any better, it was decided to use the Bem Sex-Role Inventory for this project.

This scale, unlike many masculinity-femininity scales, has two independent dimensions. Consequently, subjects receive a score for both dimensions. These scores are calculated by adding the scores the subject has given each question for, firstly the femininity questions and then the masculinity questions. This total is then divided by the number of questions answered. The author recommends "that subjects be classified, on the basis of a median split, into four

distinct sex-role groups: feminine, masculine, androgynous, and undifferentiated" (Bem, 1978, p. 5). Internal consistency of the BSRI as computed using coefficient alpha, ranges from .75 to .87. The test-retest reliability for females, obtained using product-moment correlations, ranged from .82 to .94.

Social support

Social support was measured using the Social Support Inventory (SSI) developed by Cooke, Rossmann, McCubbin and Patterson (in press). This scale measures the amount of each kind of support and from whom it was received. This research is interested in the amount of emotional, esteem, network, appraisal and altruistic support each woman receives. In other words, it is the total amount of social support received that is of interest in this research. This is calculated by weighting the answers such that a "no" is 0, a "yes" is 1 and "yes, a lot" is worth 2. These weights are then summed for a total social support score. The test-retest reliability (stability) for the total scale is .81. The coefficient of equivalence is .72. This was computed by correlating the scores from two parallel forms of the test.

Depression

A short form of the Beck Depression Inventory (DI) was used to assess the women's level of stress (Beck & Beck, 1972). This is a 13 item instrument designed to estimate the severity of depression in an individual. The instrument takes about 5 minutes to complete and is designed for self-administration. Each question has a weight assigned to each possible answer. The weights for each question range from 0 to 3. The range of scores on the test are: 0-3, none or minimal; 4-7, mild; 8-15, moderate; 16+, severe. However, the data analysis for this project did not require that the depression scores be divided into categories. Depression level remained a continuous variable during data analysis. The split-half reliability for the scale is .86, when a Spearman-Brown correction for attenuation is computed a reliability coefficient of .93 is obtained. Concurrent validity co-efficients range from .55 to .82.

Procedure

A copy of the questionnaire and the cover letter was mailed to each of the respondents that had been selected. To insure anonymity, the Nurses Association

put the address labels on the envelopes and sent out the questionnaires. The participants were not required to put their names on the questionnaire in order to preserve anonymity. The cover letter was used to inform the participants about the purpose and nature of the research and return of the questionnaire was viewed as consent to participate in the project (see Appendix 1). Participants were given the opportunity to request a summary of the survey results by returning a post card separately from the survey (see Appendix 2). A follow-up reminder letter was mailed to all participants to increase the rate of return of the questionnaires (see Appendix 3). On a 6-7 page questionnaire, Dillman (1978), reports an average response rate of 74% when his Total Design Method (TDM) is used. Therefore, to insure that a minimum of 100 useable responses would be received back from the participants, 200 questionnaires were mailed out.

This project was reviewed by the Faculty of Home Economics Human Ethics Review Committee. The policy set out by the General Faculties Council of the University with respect to ethical considerations was followed. This project was approved for ethics on the basis of these guidelines.

Design

The research design being used in this study is a survey design. Three independent variables, or factors are involved in the study. These factors are stressors, gender-role, and social support. Stress level as measured by level of depression is the dependent variable. The statistical analysis that will be used on this data is a three-way analysis of variance. This will be followed by three f-tests to determine whether the differences between the means obtained are significant.

The external validity of the data will likely be good, since the sample is being randomly selected. There may be some bias inherent in the results however, since the women must agree to take part in the survey. It is possible there may be some systematic differences between women who agree to do the questionnaire and those who refuse. There is, unfortunately, no way to determine this. It is felt the external validity will be high enough that generalizations to the population of married, full-time employed Nurses working in Alberta will be possible.

Maturation should not be a threat to internal validity, nor should history be a problem. Since the

questionnaire is only being administered once, instrumentation should not be a threat to internal validity. For the same reason, regression toward the mean will not be a problem.

CHAPTER 5

Results

Introduction

This chapter contains a description of the results obtained after analysing the data that was collected for this thesis. It describes the sample demographics and the distribution of the scores on the major variables. As well, it contains details about the results obtained from the 3-way ANOVA that was used to test the hypotheses in this study.

Description of Sample Demographics

The sample that was used for this analysis consisted of 103 subjects. Of the original 200 surveys (see Appendix 4) that were mailed out 63.5% (127) were returned. However, twenty four of the returned surveys were not useable because they contained missing data, the respondents were not married or were not working full-time. Two of the surveys were received by males and consequently were not useable. The adjusted return rate, after removing these 24 surveys, was 51.5%.

All one hundred and three respondents were married. They ranged in age from 20 to 61 years, with

the mean age being 39.8. Fifteen percent had children under 5 years of age. Twenty five percent had children between 5 and 12 years of age. Thirty two percent had dependent children between 13 and 18 years of age and eighteen percent of the respondents had dependent children who were 19 or older.

The number of hours per week worked by the respondents ranged from 30 to 78, with the mean number of hours being 39.5. The job title used most frequently was 'registered nurse' (55%), the second and third choices were 'nurse' (8%) and 'supervisor' (7%). The kind of work the largest number were engaged in was 'nursing' (25%) followed by 'education' (10%) and 'home care/community nursing' (9%). Eight percent of the subjects were supervisors, five percent were psychiatric nurses, five percent worked in maternity, and nine percent were working in administration or management positions (5% & 4%).

Nineteen percent of the respondents had attended a community college, twenty nine percent had a university degree and eighteen percent had a graduate degree. Twenty eight percent indicated they had some other form of education. Other education included a diploma in nursing (11%), Registered Nurse diploma (7%),

Registered Nurse degree (8%) and nurses training (2%). Eight percent of the subjects had taken management training courses and seven percent had completed some university.

The total family income of all the respondents ranged from less than $10,000 per year to over $70,000 per year. The majority of the respondents (92%) had a family income in the range starting at $30,000 up to over $70,000 per year.

The majority of subjects (95%) said they had other relatives. Only five percent claimed to have no other relatives. Relatives living the nearest to the respondents ranged in distance from 0 (living with them) to over 3000 miles away. The average distance was 375.6 miles away. The median distance was 20 miles.

Ninty percent of the subjects had close friends, while ten percent did not. Forty eight percent of the respondents were involved with community groups, fifty two percent belonged to a church, and eighty nine percent had spiritual beliefs. Only 11% belonged to special groups, while 99% read books or watched T.V.

Description of Variable Characteristics

Family inventory of life events.

The Family Inventory of Life Events (FILE) has a mean score norm of 11 and a standard deviation norm of 6. These norms were obtained from a sample of 322 families who had a chronically ill child. Besides this normative group FILE has also been tested on many other groups one of which was a national sample composed of 980 couples (1,960 individuals) that included couples from across the life cycle (McCubbin, Patterson, & Wilson,1981). The data collected with FILE from the national sample had a mean of 11.3 and a standard deviation of 6.1 (These statistics were calculated from the unweighted scores). The range for the unweighted scores ran from zero to 33. The mean for the present sample was 11.29 and the standard deviation was 6.13.

The developers of FILE suggest using a weighted total instrument score. This is calculated by assigning a different standardized weight to each question. The weights were designed to "reflect the relative degree of social readjustment an average family must make in its usual pattern of life as a result of experiencing each life event" (McCubbin,

Patterson, & Wilson, 1981, p. 28). The median for the present sample, calculated from the weighted instrument scores, was 415. This median was used to divide the respondents into two groups, those with high and low numbers of stressors. The first group included subjects who had experienced low levels of life changes and the second group included subjects who had experienced high levels of life changes during the past year. The range of the weighted scores for the present sample ran from 19 to 1450. The mean for FILE, using the weighted scores from the present sample, was 467.9.

Bem sex-role inventory.

On the Bem Sex-role Inventory (BEM) the normative data provided medians of 5.5 from the femininity raw score data and 4.8 from the masculinity raw score data. These norms were "based on samples of Stanford University undergraduates (476 males and 340 females) weighted to equalize the sex distribution" (Bem, 1978, p. 5). The medians from the present sample were 5.9 for femininity and 5.0 for masculinity. Although there was quite a bit of variation between the two sets of medians, it was decided to use the BEM medians to calculate the gender-role groups. The reason for using

the normative medians is that Bem suggests that the norm group medians be used if the sample of subjects is small or if the sample contains only one sex (1978). Using these medians 4 groups were generated. The group classified as undifferentiated contained 16 subjects, the masculine classification contained 12 subjects, the feminine classification contained 25 subjects, and the group classified as androgynous contained 50 subjects.

Social support inventory.

The Social Support Inventory (SSI) generated a number of scores on 3 different levels (see Table 1). On the first level it provided mean sub-scores for the amounts of five kinds of support, as well as, mean sub-scores for the amounts of 12 sources of support. These mean sub-scores are calculated by summing the scores for each of the questions pertaining to that category and then dividing by the number of questions to get a mean score. On the second level the scale yielded a total mean score for the total amount of kind of support provided and a total mean score for the total sources of support. These scores are calculated by adding the mean scores, obtained previously, for the individual questions in each of these categories. The

third level provided a total scale score. This is calculated by summing the raw scores for all 60 questions and yields a score for amount of total social support. This is the score that was used in the present analysis. Information on how to score the SSI was provided verbally by Betty Cooke, one of the developers of the SSI.

Norms are standardized scores that allow an individual's score to take on meaning in relation to them (Ferguson, 1981). The norm group used for the SSI was composed of 118 parents. Since, these norms are based on only one small sample that had very specific characteristics, they must be regarded as only tentative. The developers of the SSI are presently in the process of collecting norms from other samples so that a more comprehensive set of norms can be developed.

On the first level of measurement the SSI provided a mean sub-score for spouse support for the present sample that was very similar to the norm group (1.46 for this sample compared to 1.53 for the norm group). Support from children (1.08) varied quite a bit from the norm (1.59), but this is understandable considering the norm group was comprised of only parents while only

part of this sample had children. The present sample scored lower on support from other relatives (1.18) than the norm group (1.39) and also on support from friends (1.17, norm 1.34). For support from co-workers the present group scored considerably higher (1.02) than the norm group (.58) again, this is understandable since the entire group of the present sample is working full-time while only part of the norm group was employed. (See Table 1)

On the second level of measurement, the total mean scores for kind of support and sources of support were lower for the present group than they were for the norm group. The present group of subjects had a score for the total mean score of kind of support of 3.72 compared to 4.69 for the norm group. For the total mean score on sources of support, the present group had a score of 8.55 compared to 11.26.

For total social support the score for the present sample ranged from 6 to 78. The mean score was 41.9 and the median score was 41.0. The subjects were split into two groups at the median to form a low social support group and a high social support group in order to test the research hypotheses through the analysis of variance procedure.

TABLE 1

Norms and survey mean scores for the Social Support Inventory (SSI)

Kind of Support	Norm	Survey Score
Emotional	.958	.75
Esteem	.883	.776
Network	.931	.719
Appraisal	.817	.559
Altruistic	1.103	.914
Total of Kind of Support	4.691	3.718
Sources of Support		
Spouse	1.535	1.464
Children	1.586	1.080
Other Relatives	1.390	1.179
Friends	1.336	1.171
Co-workers	.581	1.019
Church	.669	.337
Faith	.97	.693
Community	.761	.316
Professionals	.714	.346
Social Groups	.897	.412
Reading or TV	.546	.37
Other	.273	.167
Total Sources of Support	11.258	8.554

Beck depression inventory.

On the Beck Depression Inventory, 67% of the respondents had scores in the range 0 to 3 which indicates none or minimal depression (see Table 2). Twenty five percent fell in the range from 4 to 7, which indicates mild depression. Six percent fell between 8 and 15, which is the category labeled as a moderate degree of depression. Only two percent of the respondents had scores over 16, which is the category of severe depression and they both had scores of 18 which is at the low end of this category. (See Table 2). Consequently, the range of depression scores obtained from this sample was viewed as varing from none to moderate, with no subjects considered as being in the high depression range. The reasons for this lack of subjects in the severe category may have to do with nurses being a select group. They may be more conscious of social undesirability for negative emotions because of their work. It may be that the depressed subjects are the ones who refuse to participate. It is also possible that as depression level became more severe the individual would drop out of the work force. They would be missed by a study such as this that only focused on the employed person.

TABLE 2

Scores obtained from the Beck Depression Inventory

Label	Score Range	Number of Subjects
None or minimal	0 - 3	69
Mild	4 - 7	26
Moderate	8 - 15	6
Severe	16 +	2

Perhaps people who go into nursing are emotionally 'stronger' to begin with.

Test of Hypotheses

A three-way analysis of variance was conducted on the variables. FILE was partitioned into 2 groups, with group 1 being zero to moderate life change and group 2 being moderate to high life change. SSI was also partitioned into 2 groups, with group 1 being low to moderate social support and group 2 being moderate to high social support. Bem was partitioned into the 4 gender-role categories. Depression score remained a continuous variable ranging from 0 depression to moderate depression. Table 3 is a summary of the ANOVA results. Tables 4 to 7 show the cell means obtained. The hypotheses are numbered consistent with page 44.

The main effects.

Hypothesis #1

There will be no significant main effects on the level of married women's depression (by number of stressors).

The FILE main effects were statistically significant (.004), $F = 8.62$, $p \leq 0.05$, with a high level of life change being related to a higher depression level (see Tables 3 & 4). This corresponded to the results previously predicted in chapter 3. Consequently, the null hypothesis was rejected.

Hypothesis #2

There will be no significant main effects on the level of married women's depression (by amount of social support).

The social support main effects were statistically significant (.005), $F = 8.35$, $p \leq 0.05$, with a high level of social support being related to a lower depression level (see Tables 3 & 4). This also was as predicted and consequently the null hypothesis was rejected.

Hypothesis #3

There will be no significant main effects on the level of married women's depression (by gender-role).

The gender-role main effects were also statistically significant (.01), $F = 3.99$, $p \leq 0.05$, with the undifferentiated category having the highest

TABLE 9

Three-way Analysis of Variance

Depression x Stressors x Social Support x Gender-role

Source	df	Mean Squares	F	p
Main Effects	5	57.467	6.264	.000
Stressors	1	79.041	8.615	.004
Social Support	1	76.629	8.352	.005
Gender-role	3	36.602	3.989	.010
2-way Interactions	7	10.206	1.112	.363
Stressors x Social Support	1	0.081	.009	.925
Stressors x Gender-role	3	6.499	.708	.550
Social Support x Gender-role	3	16.942	1.847	.145
3-way Interaction				
Stressors x Social support x Gender-role	2	27.193	2.964	.057

significant at $p \leq 0.05$

TABLE 4

Mean depression scores for the main effects of Stressors, Social Support, and Gender-role

Total Population		
	2.93	(103)
Stressors		
1 Low	1.98	(52)
2 High	3.90	(51)
Social Support		
1 Low	3.79	(53)
2 High	2.02	(50)
Gender-role		
1 Undifferentiated	5.19	(16)
2 Masculine	4.00	(12)
3 Feminine	2.72	(25)
4 Androgynous	2.06	(50)

( ) = number of respondents

depression level (cell mean = 5.19), the masculine category was second with a cell mean of 4.0 (see Tables 3 & 4). The feminine category was third with a cell mean of 2.72. The Androgynous category had the lowest depression level, with a cell mean of 2.06. This resulted in rejection of the null hypothesis.

In chapter 3 a main effect for gender-role on level of depression was predicted, hence there were four groups in the gender-role test, F-tests were conducted to determine the variable impact of each group mean on this main effect. Three orthogonal contrasts were tested. There was a significant difference between the mean depression scores of the androgynous and undifferentiated gender-role categories (.001), $F=3.66$, $p \leq 0.05$. There was also a significant difference between the mean depression scores of the masculine and the feminine gender-role categories (.000), $F=5.91$, $p \leq 0.05$. The difference between the mean depression scores of the feminine and androgynous gender-role categories was not significant (.413).

Looking at the mean scores (Table 4), the gender-role categories that were predicted to have lower depression scores were not completely supported by the results. The prediction was that either an

androgynous or masculine gender-role would be related to lower depression levels. While androgynous individuals did have the lowest reported depression scores, those in the masculinity category did not evidence lower scores. The femininity category turned out to have the second lowest depression scores. This also was not predicted or expected as previous research had found femininity to be unrelated to the level of mental health.

The interactions.

Hypothesis #4

There will be no significant interaction effects between stressors and gender-role in the amount of depression experienced by married women.

The stressors by gender-role interaction was not statistically significant (.5), $F = .70$, $p \leq 0.05$ (see Tables 3 & 5). Therefore, the null hypothesis was accepted.

TABLE 5

Mean depression scores for the two-way interaction of Stressors, Social Support, and Gender-role.

Stressors	Social Support: Low	Social Support: High
Low	2.67 (27)	1.24 (25)
High	4.96 (26)	2.80 (25)

Gender role	Stressors: Low	Stressors: High
Undifferentiated	3.50 (8)	6.88 (8)
Masculine	2.00 (2)	4.40 (10)
Feminine	2.53 (15)	3.00 (10)
Androgynous	1.22 (27)	3.04 (23)

Gender role	Social Support: Low	Social Support: High
Undifferentiated	7.75 (8)	2.63 (8)
Masculine	5.00 (7)	2.60 (5)
Feminine	3.20 (15)	2.00 (10)
Androgynous	2.43 (23)	1.74 (27)

Hypothesis #5

There will be no significant interaction effects between stressors and social support in the amount of depression experienced by married women.

The stressors by social support interaction was not statistically significant (.9), $F = .08$, $p \leq 0.05$ (see Tables 3 & 5). Consequently, the null hypothesis was accepted.

Hypothesis #6

There will be no significant interaction effects between gender-role and social support in the amount of depression experienced by married women.

The social support by gender-role interaction was also not statistically significant (.15), $F = 1.85$, $p \leq 0.05$ (see Tables 3 & 5). The null hypothesis was accepted.

Hypothesis #7

There will be no significant interaction effects between stressors, gender-role and social support in the amount of depression experienced by married women.

The three-way interaction of stressors by social support by gender-role just missed significance (.057), $F = 2.96$, $p \leq 0.05$ (see Tables 3, 6 & 7). This was so close to being significant that it was decided to accept it as meaningful and analyse the relationships further through a graphic representation of the cell means.

Analysis of the Three-way Interaction

Figures 3 to 6 present a graphic representation of the cell means obtained from the three-way analysis of variance. As can be seen, each gender-role category has a different pattern of relationship. The undifferentiated group, at low levels of social support, vary widely in level of depression between the low stressor category and the high stressor category (4.3 to 9.8). At high levels of social support, depression level does not vary nearly as much (2.0 to 3.0) and in fact, the high stressor group has a lower depression level than the low stressor group. It appears as though social support is very strongly related to lower depression levels for this category of gender-role.

TABLE 6

Mean depression scores for the three-way interaction of Stressors, Social Support, and Gender-role for the Undifferentiated and Masculine categorizations.

Undifferentiated

		Social Support: Low		Social Support: High	
Stressors	Low	4.33	(3)	3.00	(5)
	High	9.80	(5)	2.00	(3)

Masculine

		Social Support: Low		Social Support: High	
Stressors	Low	2.00	(2)	0.00	(0)
	High	6.20	(5)	2.60	(5)

( ) = number of respondents

TABLE 7

Mean depression scores for the three-way interaction of Stressors, Social Support, and Gender-role for the Feminine and Androgynous categorizations.

Feminine

Stressors	Social Support: Low	Social Support: High
Low	3.00 (9)	1.83 (6)
High	3.50 (6)	2.25 (4)

Androgynous

Stressors	Social Support: Low	Social Support: High
Low	2.15 (13)	0.36 (14)
High	2.80 (10)	3.23 (13)

( ) = number of respondents

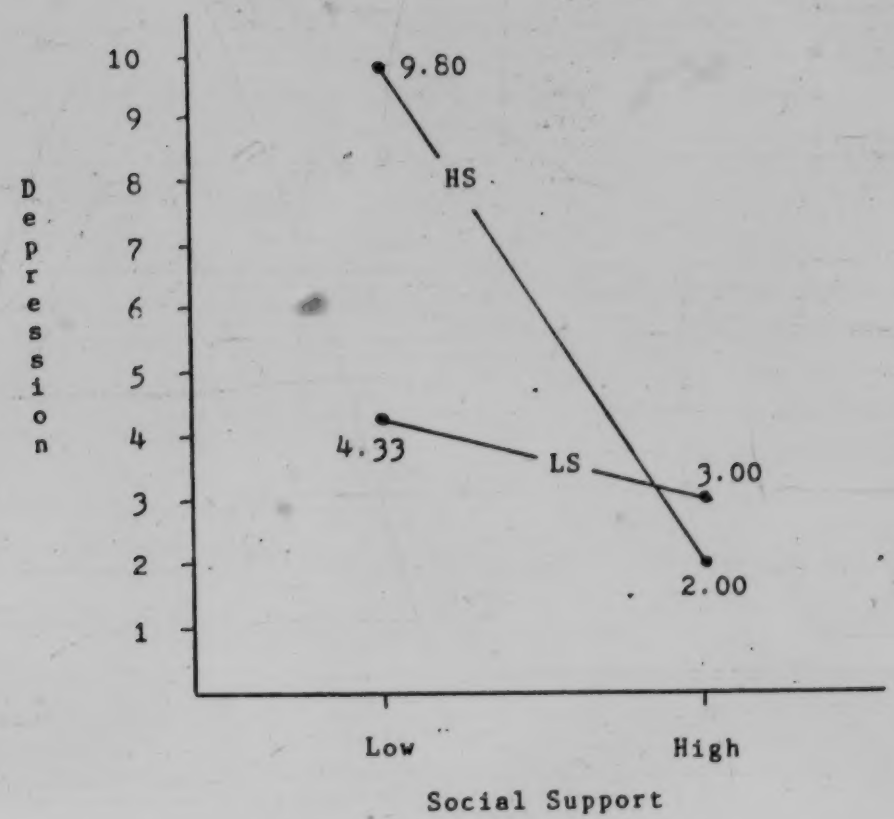

FIGURE 3

Mean depression scores for the three-way interaction of Stressors, Social Support, and Gender-role for the Undifferentiated category.

HS = High Stressor

LS = Low Stressor

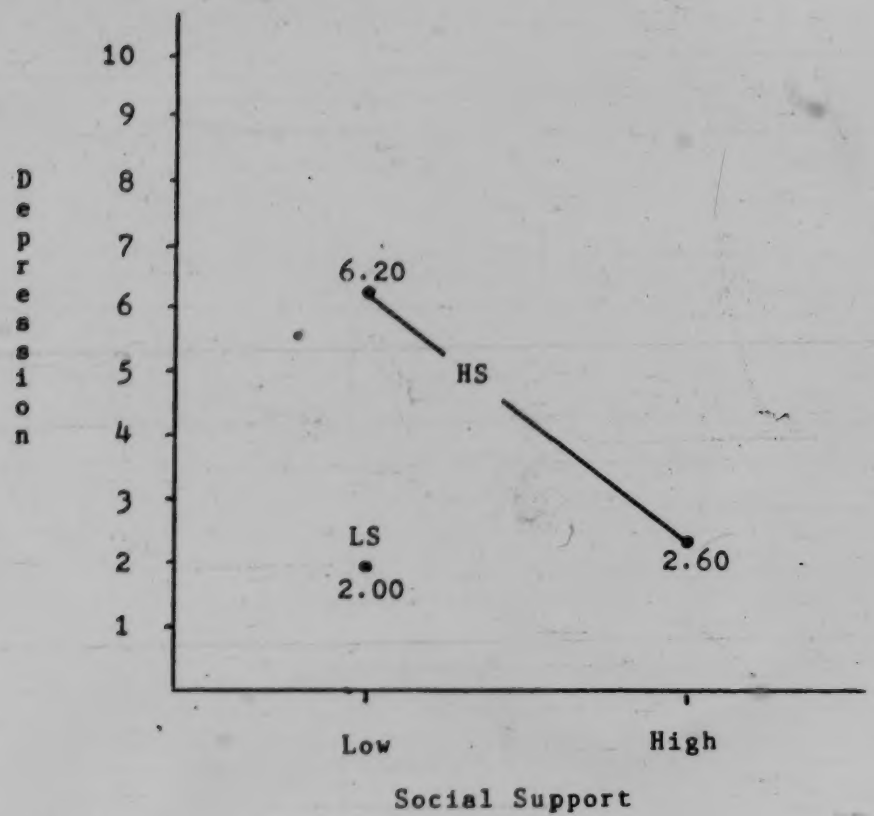

FIGURE 4

Mean depression scores for the three-way interaction of Stressors, Social Support, and Gender-role for the Masculine category.

HS = High Stressor

LS = Low Stressor

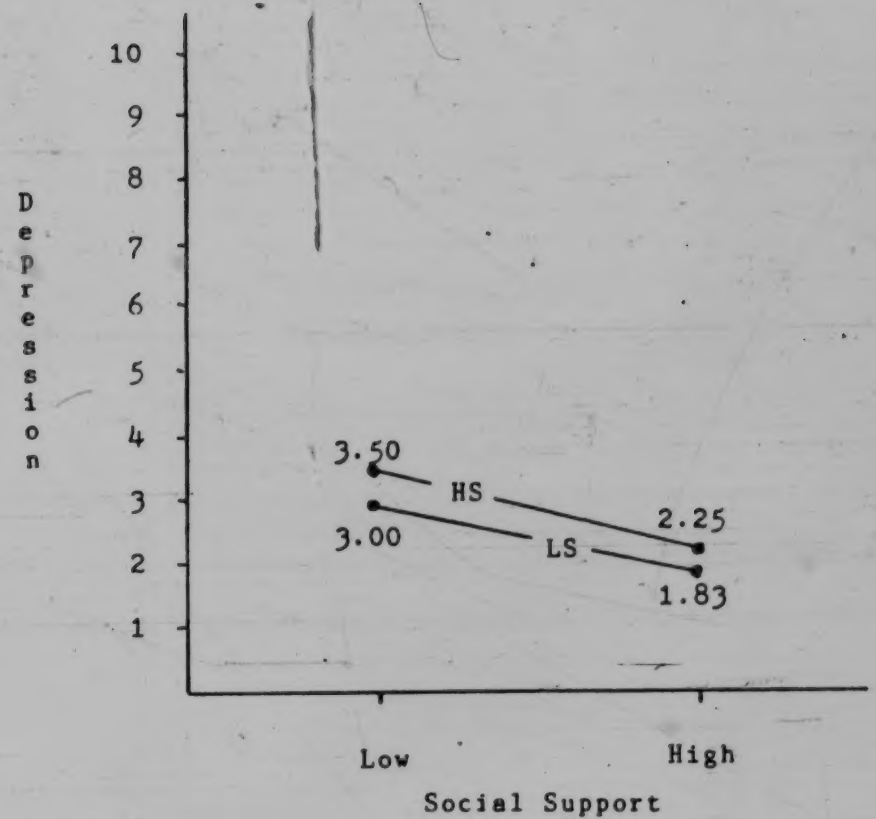

FIGURE 5

Mean depression scores for the three-way interaction of Stressors, Social Support, and Gender-role for the Feminine category.

HS = High Stressor

LS = Low Stressor

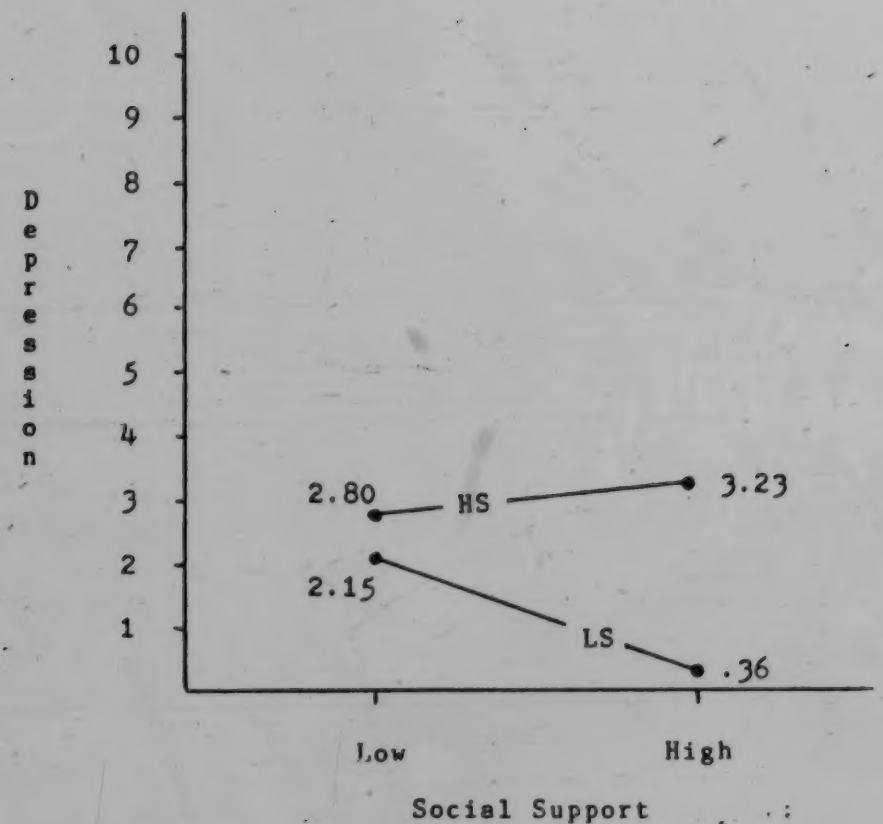

FIGURE 6

Mean depression scores for the three-way interaction of Stressors, Social Support, and Gender-role for the Androgynous category.

HS = High Stressor

LS = Low Stressor

It is not possible to see the entire pattern for the masculine group because there were no respondents in the high social support, low stressor category. However, the pattern for the low social support group is very similar to the one seen for the undifferentiated group. The level of depression varies widely between the low stressor group and the high stressor group (2.0 to 6.2). Also, similar to the undifferentiated group, the depression level drops off quite sharply as social support increases (6.2 to 2.6).

The group categorized as feminine have quite a different pattern. Depression drops off at an even pace for both the high and low stressor groups as social support increases. The pattern is the same for both groups, where as, for the previous two gender-role categories the patterns were quite different.

The group of respondents categorized as androgynous have a very different pattern again. At low levels of social support depression level is very similar for both high and low levels of stressors (2.15 and 2.8). At high levels of social support, the low stressor group drops off to a very low depression level (2.15 to .36). The high stressor group, on the other hand, has a higher depression level under conditions of

high social support than they did under low social support (2.8 to 3.23).

It would appear that the greatest variation in pattern occurs between the undifferentiated group and the androgynous group. The feminine group appears to fall somewhere in between. Since the pattern for the masculine categorization is not complete it is not possible to determine exactly what is occuring.

CHAPTER 6

Discussion

Introduction

This chapter contains a review of the findings and a discussion of what questions have been answered from this project, as well as, what questions remain to be answered in future research. Methodological issues that need further attention are discussed. The theoretical implications of the findings are reviewed. Finally, some suggestions for further research are proposed.

Overall Findings

Upon reviewing the three-way interaction the most interesting result was that the patterns found within each gender-role category were so different than was expected. In the meta-analysis of twenty-six studies conducted by Bassoff and Glass (1982) masculinity and the masculine component of androgyny were the factors found to be related to mental health. However, in this study the masculine pattern more closely resembled the pattern portrayed by the undifferentiated group. The

androgynous pattern was quite different from any of the other groups, as was the feminine pattern.

The cell means for gender-role and depression also indicated that the feminine group had a higher level of mental health than the masculine group (2.7 & 4.0), with the androgynous group having the lowest depression level (2.0). This pattern was by far the most surprising finding in this study because the literature was so clear as to the patterns that had been occuring in other research. Whitley's (1984) meta-analysis was another that had found strong support for masculinity as the important factor in the relationship between gender-role and mental health.

Since nursing is a special type of work that requires that individuals have expressive qualities so they can care for the needs of others, perhaps femininity is the more important factor in people who do this kind of work. Perhaps it's not simply a matter of high masculinity always being better but maybe it is a more complex relationship with elements of the environment within which that person functions being important factors as well. How does the 'culture of the profession' influence the relationship? Are the uniforms, attitudes, beliefs, roles, and traits that

are part of the nursing profession a factor that influences this relationship? Does it have something to do with the characteristics of hospitals? Is it related to the power structure? Or perhaps it's not the environmental factors but something in the personality of people who choose that type of environment that is different. Are people who choose a traditionally feminine profession somehow different? What is known about women who choose the traditionally feminine professions?

One possible explanation for the higher depression scores obtained by the masculine gender-role group is that the feminine, expressive profession of nursing may be contradictory to their masculine gender-role orientation. It is possible that this creates psychological conflict for these women. Further study into the aspirations of these masculine gender-role women would be beneficial.

At low levels of social support the feminine and androgynous categories had very similar patterns. There was very little difference in depression level between the high stressor group and the low stressor group (3.0 to 3.5 and 2.1 to 2.8) in either of these categories of gender-role. Whereas the opposite

pattern was observed for the masculine and undifferentiated categories. They both showed quite a large difference in depression level between the low stressor group and the high stressor group (2.0 to 6.2 and 4.3 to 9.8).

It was also interesting that the pattern appeared to be that high levels of social support had a much greater impact upon the depression levels of the undifferentiated group than any of the other groups. This would lead us to speculate that finding ways to increase the levels of social support available to this group of people may be very beneficial in helping them to resist depression.

The group that appeared to benefit the least from a high level of social support was the androgynous group. At high levels of stressors and social support their depression level actually increased over what it was at a high level of stressors and low social support (2.8 to 3.2). It may be that more social contact acts as another stressor rather than a supportive mechanism.

One of the theoretical beliefs associated with androgyny is that these individuals will have greater behavioral and psychological flexibility. However, it is just as theoretically possible that mixing high

levels femininity and masculinity will lead to internal conflict. Highly masculine individuals are likely to be independent, task oriented and needing to feel like they are in control of the situation. Highly feminine individuals are likely to be emotional, sensitive and involved with a high level of social interaction. Do these very different orientations to life blend or conflict when conbined in one individual?

These differences in patterns would lead one to speculate that different types of people need different types of support. Researchers such as Bell, Leroy and Stephenson (1982) have found social support to be a buffer between life events and depression level. However, this present research has found that what is helpful to one group appears to be detrimental to another. It is not simply a matter of social support always being beneficial. Some researchers have been attempting to determine what aspect of support is the most beneficial. Vanfossen (1981) found affirmation to be the most important factor. Wilcox (1981) believes the quality of the social support is the most important factor. At this time it is important not to simply assume that social support is in some way beneficial to all people. The relationship may be much more complex

than that with some people not benefiting from social support while others benefit in different aspects of it depending upon their personality structure.

A better undertanding of what factors influence depression level may be beneficial for therapists. By testing their patients for gender-role and social support level they may be able to create a better treatment plan for that person. If one thing is at all clear it is that the same support mechanisms are not equally beneficial to all individuals.

Theoretical Implications

The results obtained did support the ABCX Model. Gender-role and social support did act as resources for some individuals. Also as had been predicted it appears there may be an interaction occuring between the variables which leads us to the conclusion that the relationships are very complex. They do not appear to be straight linear relationships, although this is not conclusive and requires much more research to confirm.

Viewing stress as a process that involves many interacting factors would appear to be the right direction in which to take stress research. To get a better picture of what is occuring, many more variables

will need to be investigated. For example the "C" factor which involves a person's perception of the situation may be interacting with their gender-role. It is possible that research into this aspect of the model will provide some answers as to why the differences between the gender-role categories is occuring.

Another aspect of the model that was not included in this project was coping. It may be that certain types of individuals buffer their life changes while other individuals use coping mechanisms to deal with the changes. Most of the research done to date has been designed to show that the subject's resources either are buffers or coping mechanisms. The goal is to present evidence that the other idea is wrong. Perhaps it's not that simple. Perhaps it can be either way and is dependent upon some other factors such as gender-role or other personality characteristics.

The question of what is supportive and what is a stressor also requires more research. The results obtained in this study indicated that for the androgynous category more social support may be acting as an additional stressor rather than being supportive. It may be that the way things are perceived (C factor)

may influence whether or not it is viewed as a stressor.

Methodological Issues

The depression variable in this study had a range from no depression to moderate depression. There were no subjects in the category of severe depression. This is a limitation of this study since the entire range of this variable was not tested or included in the analysis. Since the range of stressors the subjects had experienced was within the normal range one would expect depression level to be also. It is possible that nurses are aware of an expectation that they should have a positive emotional attitude and are therefore inclined to give socially desirable answers. Or perhaps the subjects with more severe depressions were among those who did not answer the questionnaire. Since one of the symptoms of depression is a difficulty with getting things done, a lack of energy, this could well be the case. It is also possible that nurses with severe depressions are more inclined to seek medical help with the problem since they are in that profession. Or it may be that they can not continue to deal with such a high stress profession and drop out of

the work force. In any case it would be useful to study a group with a wider range on the depression measure.

In the literature pertaining to the relationship between stressors and depression there was no consistency in the way depression level was measured. Consequently, although the Beck Depression Inventory was one of the most commonly used measures, there were a number of different instruments used. This made it difficult to compare the results of one study to another. Many studies referred to mental health in a more general way than just referring to depression level and this was also measured in a large number of different ways.

There are methodological issues surrounding use of the SSI. It is a new instrument and consequently has not been extensively tested as yet. The norms available on it are at best tentative since they were derived from only one fairly small sample. The high and low social support groups used for this study were derived by a median split. However, until further testing has been done with this instrument there is no way to know if the median is the point at which this data should actually have been split.

There is also the question of whether a total social support measure, as used in this study, is actually the most meaningful measure to use. As stated previously some researchers believe it is certain aspects of social support that are more beneficial.

The Bem instrument has many methodological questions associated with it. These have been written about extensively in the literature. A main issue is what does it measure? It doesn't actually measure gender-role even though that is the term used. It measures only two aspects of gender-role, expressiveness and instrumentality. However, what is important is that the subjects in the different Bem categories do appear to have different needs with regard to social support. They also have different levels of depression. Consequently, it may be useful to know what gender-role category they are in and what sort of differences exist between the categories. Hopefully, in the future, a better measure of gender-role will be established and perhaps then we will be able to learn even more.

The Bem scale has a filler scale built in that helps to prevent subjects from giving socially desirable responses. However it would have been useful

to have had a social desirability scale built in so that it would have been possible to determine whether this was a factor in the results obtained. Bem does state that social desirability is more of a problem with the short version of the scale. However, due to the length of the questionnaire it was decided that the short version of the Bem scale would have to be used.

As with most survey research there is the problem of obtaining only a limited response. The question of whether there is a difference between the people who return their surveys and those who don't always remains unanswered. This of course limits the meaningfulness of the results to some extent.

Social class is a factor which may have an influence on the effect being employed has on women's depression levels. There has been some tentative research done that suggests this may be an important variable (Warr & Parry, 1982). This factor was not controlled or analysed in the present study and consequently, this limits the results obtained to some extent.

Cultural heritage is another variable that was not controlled. It is possible that one's cultural

background could influence the validity of some of the instruments used in this research project.

Hours worked may be an important factor. No analysis was made in the present project of the relationship between hours worked and depression level. However, modern women are often faced with two full-time jobs, career woman and homemaker. It is possible that there may be relationship between the number of hours of work, at home and on the job, and level of depression. Many of the women who participated in this research made comments on their questionnaires about hours of work. This seemed to be an important factor to them.

Conclusion

The results of this study did support previous findings in the literature that there is a relationship between stressors and stress. The results also supported the previous findings that there is a relationship between social support and stress. Finally, the results supported the previous finding of a relationship between ones gender-role and stress level. However there were some unusual results. The most surprising one being the gender-role groups that

had the lower depression levels. This did not follow what was predicted from the literature very closely at all. The androgyny category did fair the best as was predicted, however, masculinity did not. This was very surprising as was the finding that the femininity category had such a low depression level.

The two-way interactions that were predicted between the variables were not supported. However, the three-way interaction came very close to significance and consequently deserves further research. There does appear to be more occuring between the variables than can be explained using only main effects. There are different patterns for each gender-role group. Therefore it may well be useful to learn more about the differences between these groups. The questions posed in this research project have not been fully answered yet and further research is needed.

Stress is a 20th century problem that is not going to go away, yet we know relatively little about its etiology. We need to know more about it because it is affecting the lives of millions of people. There is a lot of evidence that stress is a complex phenomena that involves many different variables. To develop any kind of understanding of the stress process it will be

necessary to determine how these variables interact with each other.

Although they are more difficult to test empirically, it would appear that theoretical models with more variables involved will be needed to begin to explain the stress process. At this time there has been some research done on personality characteristics such as gender-role and locus of control and how they are related to stress level. However, more research needs to be done on other personality characteristics. There is also a need to determine if there are differences between different groups of subjects. For example is there some difference between the nurses in this study and the groups used in previous research that would explain the very different results that occured.

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APPENDIX 1

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We are asking for your help!

We are beginning a study of married, working women living in Alberta. We are interested in the effects of stress on employed women. It is hoped that the information we collect will help us understand better how stress affects women.

You are one of a limited number of women who have been RANDOMLY chosen to participate in this survey and your answers are VERY IMPORTANT to us. Please take a few minutes to complete the questionnaire and then simply place it in the return envelope (which is already stamped for your convenience) and drop it in the mail. The questionnaire takes approximately 20 minutes to complete.

Your decision to become involved in this research is completely voluntary. And, please do NOT sign the questionnaire. Your answers will be COMPLETELY confidential and only the group results will be reported. Each person will receive a second reminder letter.

Thank you for agreeing to take part in this study and for giving so generously of your time and effort. If you wish to receive a summary of the results please return the enclosed card with your name and address on it. We will see that you receive a summary. If you have any questions please contact either of us at 432-5770 or 432-5771.

Sincerely,

Karen J. Deby, M.Sc. (Candidate)

Dianne K. Kieren, Ph.D.

Enclosures

APPENDIX 2

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WOMEN AND STRESS: A SURVEY OF EMPLOYED WOMEN ABOUT STRESS AND IT'S EFFECTS ON THEIR EMOTIONS

If you would like to receive a summary of the survey results please write your name and address on this card and return it to us separately from the questionnaire. We will see that you receive a summary.

NAME:_____

ADDRESS:_____

_____

_____

APPENDIX 3

Page

Follow-up Letter 114

WOMEN AND STRESS: A SURVEY OF EMPLOYED WOMEN
ABOUT STRESS AND IT'S EFFECTS ON THEIR EMOTIONS

One week ago a questionnaire concerning stress in Alberta women was mailed to you.

If you have already completed and returned the questionnaire to us, please accept our thanks. If not, please do so today. As the questionnaire was sent to a small, but representative sample of women, it is extremely IMPORTANT that YOUR information be included so the results of the study will accurately represent women in Alberta.

If by some chance you did NOT receive the questionnaire or if it was misplaced, please call our office (432-5770) and we will mail another one to you TODAY! Thank you for your assistance.

Karen J. Deby, M.Sc. (Candidate)
Department of Family Studies
801 General Services Building
University of Alberta
Edmonton, Alberta, T6G 2E2

APPENDIX 4

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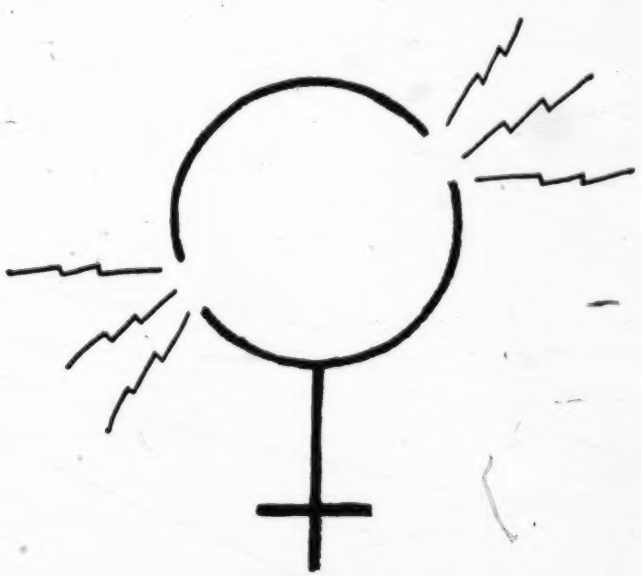
WOMEN AND STRESS: A SURVEY OF EMPLOYED WOMEN ABOUT STRESS AND IT'S EFFECTS ON THEIR EMOTIONS

The purpose of this survey is to help us understand how employed women are being affected by stress. Please answer all of the questions. If you wish to comment on any questions or qualify your answers, please feel free to use the space in the margins. Your comments will be read and taken into account.

Thank you for your help.



Department of Family Studies
801 General Services Building
University of Alberta
Edmonton, Alberta
T6G 2E2

An important part of understanding stress has to do with understanding what events cause people to feel stress. Therefore, we would like to ask you some questions about events which have been found to cause stress.

Q-1 Which of the following family life changes have you experienced during the past year? (please circle your answer) If any of the questions are not applicable please answer NO.

FAMILY LIFE CHANGES	Experienced During Past Year (circle your answer)	
1. Increase of husband/father's time away from family.....	NO	YES
2. Increase of wife/mother's time away from family.....	NO	YES
3. A member appears to have emotional problems.....	NO	YES
4. A member appears to depend on alcohol or drugs.....	NO	YES
5. Increase in conflict between husband and wife.....	NO	YES
6. Increase in arguments between parent(s) and child(ren).....	NO	YES
7. Increase in conflict among children in the family.....	NO	YES
8. Increased difficulty in managing teenage child(ren).....	NO	YES
9. Increased difficulty managing school age children (6-12 yrs).....	NO	YES

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10. Increased difficulty managing preschool children (2-6 yrs).....NO YES

11. Increased difficulty managing toddler(s) (1-2yrs).....NO YES

12. Increased difficulty managing infant(s) (0-1yr).....NO YES

13. Increase in the amount of "outside activities" which the child(ren) are involved in.....NO YES

14. Increased disagreement about a member's friends or activities.....NO YES

15. Increase in the number of problems or issues which don't get resolved....NO YES

16. Increase in the number of tasks or chores which don't get done.....NO YES

17. Increased conflict with in-laws or relatives.....NO YES

18. Spouse/parent was separated or divorced.....NO YES

19. Spouse/parent has an "affair".....NO YES

20. Increased difficulty in resolving issues with a former or separated spouse.....NO YES

21. Increased difficulty with sexual relationship between husband and wife.....NO YES

22. Spouse had unwanted or difficult pregnancy.....NO YES

23. An unmarried member became pregnant...NO YES

24. A member had an abortion.....NO YES

25. A member gave birth to or adopted a child.....NO YES

26. Took out a loan or refinanced a loan to cover increased expenses....NO YES

27. Went on welfare.....NO YES

28. Change in conditions (economic, political, weather) which hurts the family business.....NO YES

29. Change in Agriculture Market, Stock Market, or Land Values which hurts family investments and/or income.....NO YES

30. A member started a new business.....NO YES

31. Purchased or built a home.....NO YES

32. A member purchased a car or other major item.....NO YES

33. Increasing financial debts due to over-use of credit cards.....NO YES

34. Increased strain on family "money" for medical/dental expenses.....NO YES

35. Increased strain on family "money" for food, clothing, energy, home care.....NO YES

36. Increased strain on family "money" for child(ren)'s education.....NO YES

37. Delay in receiving child support or alimony payments.....NO YES

38. A member changed to a new job/career..NO YES

39. A member lost or quit a job.....NO YES

40. A member retired from work.....NO YES

41. A member started or returned to work..NO YES

42. A member stoped working for extended period (e,g,. laid off, leave of absence, strike).....NO YES

43. Decrease in satisfaction with job/career.....NO YES

44. A member had increased difficulty with people at work.....NO YES

45. A member was promoted at work or given more responsibilities.....NO YES

46. Family moved to a new home or apartment.....NO YES

47. A child/adolescent member changed to a new school.....NO YES

48. Parent/spouse became seriously ill or injured.....NO YES

49. Child became seriously ill or injured.....NO YES

50. Close relative or friend of the family became seriously ill.....NO YES

51. A member became physically disabled or chronically ill.....NO YES

52. Increased difficulty managing a chronically ill or disabled member..NO YES

53. Member or close relative was committed to an institution or nursing home.....NO YES

54. Increased responsibility to provide direct care or financial help to husband's and/ or wife's parent(s)....NO YES

55. Experienced difficulty in arranging for satisfactory child care.....NO YES

56. A parent/spouse died.....NO YES

57. A child member died.....NO YES

58. Death of husband's or wife's parent or close relative.....NO YES

59. Close friend of the family died.....NO YES

60. Married son or daugther was separated or divorced.....NO YES

61. A member "broke up" a relationship with a close friend.....NO YES

62. A member was married.....NO YES

63. Young adult member left home.....NO YES

64. A young adult member began college (or post high school training).....NO YES

65. A member moved back home or a new person moved into the household.....NO YES

66. A parent/spouse started school (or training program) after being away from school for a long time.....NO YES

67. A member went to jail or juvenile detention.....NO YES

68. A member was picked up by police or arrested.....NO YES

69. Physical or sexual abuse or violence in the home.....NO YES

70. A member ran away from home.....NO YES

71. A member dropped out of school or was suspended from school.....NO YES

Another important part of understanding stress involves understanding the sources of support which people have available to them. Therefore, we would like to ask some questions about your sources of support.

Please read each statement and then indicate how much support you receive from each of the sources listed. (please circle your answers). If any of the questions are not applicable please answer NO.

Q-2 I have a feeling of being loved or cared about from: (circle your answers)

My spouse or partner.....	NO	YES	YES A LOT
My children.....	NO	YES	YES A LOT
Other relatives.....	NO	YES	YES A LOT
Close friends.....	NO	YES	YES A LOT
Co-workers.....	NO	YES	YES A LOT
Church/Synagogue groups.....	NO	YES	YES A LOT
My spiritual faith.....	NO	YES	YES A LOT
Community or neighborhood groups...	NO	YES	YES A LOT
Professionals or Service Providers.....	NO	YES	YES A LOT
Special groups I belong to.....	NO	YES	YES A LOT
Reading certain books or watching T.V.....	NO	YES	YES A LOT
Other:_____.....	NO	YES	YES A LOT

Q-3 I feel I am valued or respected for who I am and what I can do by: (circle your answers)

My spouse or partner.....	NO	YES	YES A LOT
My children.....	NO	YES	YES A LOT
Other relatives.....	NO	YES	YES A LOT
Close friends.....	NO	YES	YES A LOT
Co-workers.....	NO	YES	YES A LOT
Church/Synagogue groups.....	NO	YES	YES A LOT
My spiritual faith.....	NO	YES	YES A LOT
Community or neighborhood groups...	NO	YES	YES A LOT
Professional or Service Providers.....	NO	YES	YES A LOT
Special groups I belong to.....	NO	YES	YES A LOT
Reading certain books or watching T.V.....	NO	YES	YES A LOT
Other:_____.....	NO	YES	YES A LOT

Q-4 I have a sense of trust or security from the "give-and-take" of being involved with: (circle your answers)

My spouse or partner.....	NO	YES	YES A LOT
My children.....	NO	YES	YES A LOT
Other relatives.....	NO	YES	YES A LOT
Close friends.....	NO	YES	YES A LOT
Co-workers.....	NO	YES	YES A LOT
Church/Synagogue groups.....	NO	YES	YES A LOT
People who share my beliefs and values.....	NO	YES	YES A LOT
Community or neighborhood groups...	NO	YES	YES A LOT
Professionals or Service Providers.....	NO	YES	YES A LOT
Special groups I belong t.....	NO	YES	YES A LOT
Ideas I get from books, T.V., etc.....	NO	YES	YES A LOT
Other:_____.....	NO	YES	YES A LOT

Q-5 When I need to talk or think about how I'm doing with my life, I feel understood and get help from: (circle your answers)

My spouse or partner	NO	YES	YES A LOT
My children	NO	YES	YES A LOT
Other relatives	NO	YES	YES A LOT
Close friends	NO	YES	YES A LOT
Co-workers	NO	YES	YES A LOT
Church/Synagogue groups	NO	YES	YES A LOT
My spiritual faith	NO	YES	YES A LOT
Community or neighborhood groups	NO	YES	YES A LOT
Professionals or Service Providers	NO	YES	YES A LOT
Special groups I belong to	NO	YES	YES A LOT
Reading certain books or watching T.V.	NO	YES	YES A LOT
Other:_____	NO	YES	YES A LOT

Q-6 I feel good about myself when I am able to do things for and help: (circle your answers)

My spouse or partner	NO	YES	YES A LOT
My children	NO	YES	YES A LOT
Other relatives	NO	YES	YES A LOT
Close friends	NO	YES	YES A LOT
Co-workers	NO	YES	YES A LOT
Church/Synagogue groups	NO	YES	YES A LOT
People who share my beliefs and values	NO	YES	YES A LOT
Community or neighborhood groups	NO	YES	YES A LOT
Professionals or Service Providers	NO	YES	YES A LOT
Special groups I belong to	NO	YES	YES A LOT
Causes promoted in books or on T.V.	NO	YES	YES A LOT
Other:_____	NO	YES	YES A LOT

* Reproduced by permission of the author H. I. McCubbin, Family Stress, Coping and Health Project, School of Family Resources and Consumer Sciences, University of Wisconsin-Madison, 1300 Linden Drive, Madison, Wisconsin, 53706.

Another important part of understanding stress involves the effect it has on people's emotions. Therefore, we would like to ask you some questions about your feelings.

In this next section are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, right now! Circle the letter beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one.

Q-7
a. I am so sad or unhappy that I can't stand it.
b. I am blue or sad all the time and I can't snap out of it.
c. I feel sad or blue.
d. I do not feel sad.

Q-8
a. I feel that the future is hopeless and that things cannot improve.
b. I feel I have nothing to look forward to.
c. I feel discouraged about the future.
d. I am not particularly pessimistic or discouraged about the future.

Q-9
a. I feel I am a complete failure as a person (parent, husband, wife).
b. As I look back on my life, all I can see is a lot of failures.
c. I feel I have failed more than the average person.
d. I do not feel like a failure.

Q-10
a. I am dissatisfied with everything.
b. I don't get satisfaction out of anything anymore.
c. I don't enjoy things the way I used to.
d. I am not particularly dissatisfied.

Q-11 a. I feel as though I am very bad or worthless.
b. I feel quite guilty.
c. I feel bad or unworthy a good part of the time.
d. I don't feel particularly guilty.

Q-12 a. I hate myself.
b. I am disgusted with myself.
c. I am disappointed in myself.
d. I don't feel disappointed in myself.

Q-13 a. I would kill myself if I had the chance.
b. I have definite plans about committing suicide
c. I feel I would be better off dead.
d. I don't have any thoughts of harming myself.

Q-14 a. I have lost all of my interest in other people and don't care about them at all.
b. I have lost most of my interest in other people and have little feeling for them.
c. I am less interested in other people than I used to be.
d. I have not lost interest in other people.

Q-15 a. I can't make any decisions at all anymore.
b. I have great difficulty in making decisions.
c. I try to put off making decisions.
d. I make decisions about as well as ever.

Q-16 a. I feel that I am ugly or repulsive-looking.
b. I feel that there are permanent changes in my appearance and they make me look unattractive.
c. I am worried that I am looking old or unattractive.
d. I don't feel that I look any worse than I used to.

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Q-17 a. I can't do any work at all.
b. I have to push myself very hard to do anything.
c. It takes extra effort to get started at doing something.
d. I can work about as well as before.

Q-18 a. I get too tired to do anything.
b. I get tired from doing anything.
c. I get tired more easily than I used to.
d. I don't get any more tired than usual.

Q-19 a. I have no appetite at all anymore.
b. My appetite is much worse now.
c. My appetite is not as good as it used to be.
d. My appetite is no worse than usual.

In the following questions you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked. (please circle your answer)

Q-20 Defend my own beliefs

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-21 Affectionate

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-22 Conscientious

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-23 Independent

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-24 Sympathetic

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-25 Moody

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-26 Assertive

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-27 Sensitive to needs of others

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-28 Reliable

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-29 Strong personality

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-30 Understanding

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q- 31 Jealous

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-32 Forceful

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q- 33 Compassionate

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-34 Truthful

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-35 Have leadership abilities

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q- 36 Eager to soothe hurt feelings

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-37 Secretive

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-38 Willing to take risks

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-39 Warm

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-40 Adaptable

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-41 Dominant

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-42 Tender

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-43 Conceited

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-44 Willing to take a stand

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-45 Love children

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-46 Tactful

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-47 Aggressive

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-48 Gentle

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

Q-49 Conventional

1 NEVER OR ALMOST NEVER TRUE
2 USUALLY NOT TRUE
3 SOMETIMES BUT INFREQUENTLY TRUE
4 OCCASIONALLY TRUE
5 OFTEN TRUE
6 USUALLY TRUE
7 ALWAYS OR ALMOST ALWAYS TRUE

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Finally, we would like to ask a few more questions about yourself.

Q-50 Your present marital status. (Circle number of your answer)

1 NEVER MARRIED
2 MARRIED
3 DIVORCED
4 SEPARATED
5 WIDOWED
6 COHABITING

Q-51 How many dependent children now live in your household? (If none, write "0")

Number of children

_____ UNDER 5 YEARS OF AGE
_____ 5 TO 12
_____ 13 TO 18
_____ 19 AND OLDER

Q-52 Do you have OTHER RELATIVES such as parents, brothers and sisters, in laws?

1 NO
2 YES

Q-53 How close do they live? Please answer in miles.

Q-54 Do you have close friends?

1 NO
2 YES

Q-55 Are you involved with formal or informal community or neighborhood groups?

1 NO
2 YES

Q-56 Do you belong to a church or synagogue?

1 NO
2 YES

Q-57 Do you have contact with professionals or service providers such as doctors, nurses, social workers, teachers, child care workers?

1 NO
2 YES

Q-58 Do you belong to any special groups designed to help you with specific difficulties or responsibilities such as parent groups, groups for handicapped or divorced persons?

1 NO
2 YES

Q-59 Do you watch television, listen to the radio, or read newspapers, magazines, pamphlets, or books?

1 NO
2 YES

Q-60 Do you have spiritual beliefs?

1 NO
2 YES

Q-61 Your age on your last birthday: _____YEARS

Q-62 How many hours per week do you work?

_____

Q-63 Please describe your current occupation.

TITLE:_____

KIND OF WORK YOU DO:_____

Q-64 Which is the highest level of education that you have completed?

1 NO FORMAL EDUCATION
2 GRADE SCHOOL
3 SOME HIGH SCHOOL
4 COMPLETED HIGH SCHOOL
5 SECRETARIAL COURSE
6 COMMUNITY COLLEGE (eg. NAIT)
7 UNIVERSITY DEGREE
8 A GRADUATE DEGREE
9 OTHER (please specify)

_____

Q-65 Do you have any other education or job training? (please specify)

_____

Q-66 What was your approximate family income from all sources, before taxes in 1985?

1 LESS THAN $10,000
2 10,000 TO 19,999
3 20,000 TO 29,999
4 30,000 TO 39,999
5 40,000 TO 49,999
6 50,000 TO 59,999
7 60,000 TO 69,999
8 OVER $70,000

Is there anything else you would like to tell us about stress in your life? If so, please use this space for that purpose.

Also, any comments you wish to make that you think may help us in future efforts to understand stress in women will be appreciated, either here or in a separate letter.

Your contribution to this effort is very greatly appreciated. If you would like a summary of the results of this survey, please return the enclosed card with your name and address on it. We will see that you get a summary.

VITA

NAME:

Karen Joy Deby

PLACE OF BIRTH:

Edmonton, Alberta, Canada

YEAR OF BIRTH:

1951

POST-SECONDARY EDUCATION:

1979 Bachelor of Science in Home Economics

HONOURS AND AWARDS:

1977 Clothing and Textiles Scholarship

1985 Province of Alberta Graduate Scholarship

SCHOOL OF FAMILY RESOURCES AND CONSUMER SCIENCES
University of Wisconsin-Madison, 1300 Linden Drive, Madison, WI 53706 608-262-4847

OFFICE OF THE DEAN

October 15 , 1986

Ms Karen Deby
221 Weston Drive
Spruce Grove, Alberta T0E 2C0
Canada

Dear Ms. Deby ,

I am pleased to give you my permission to use the article Measurement of Social Support and Applications to Parenthood in your thesis/paper. You have my permission to reproduce the diagram of the ABCX model for your paper. This permission is granted for this one paper/publication with the understanding that the model will be properly cited. We would also like a copy of the paper if you should publish it.

If I could be of any further assistance to you, please let me know.

Sincerely,

Hamilton I. McCubbin
Dean

HIM:ka

UNIVERSITY of PENNSYLVANIA

PHILADELPHIA 19104

Center for Cognitive Therapy

Please reply to:
Room 602
133 South 36th Street
Philadelphia, PA 19104
(215) 898-4100

June 10, 1986

Karen J. Deby
221 Weston Drive
Spruce Grove, Alberta
T0E 2C0

Re: Permission Grant

Dear Ms. Deby:

Thank you for your recent letter. On behalf of Aaron T. Beck, M.D., I am responding to your interest in our scales and research.

For your convenience, I have enclosed a copy/copies of the most recent version(s) of the Beck Depression Inventory, as well as relevant scoring information.

You have Dr. Beck's permission for use and reproduction of the above-mentioned scale(s) for your research study. There is no charge for this permission.

In reciprocation, we would like you to send us a complimentary copy of any reports, preprints and publications in which our materials are used. These reports will be stored in our central library to serve as a resource for other researchers or clinicians. Please advise as to whether you agree to this arrangement.

We would also appreciate further information regarding your proposed research project.

If you have any questions, please feel free to contact me during business hours at (215) 898-4100. I will look forward to hearing from you.

4855

Sincerely,

Peggy Greenfeld

Peggy Greenfeld
for Aaron T. Beck, M.D.
University Professor of Psychiatry
Director,
Center for Cognitive Therapy

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577 College Ave. (P.O. Box 60070), Palo Alto, California 94306 (415) 857-1665

Karen J. Deby
221 Weston Drive
Spruce Grove, Alberta
Canada, TOE 2CO

In response to your request of 15 April 1986 (Date) permission is hereby granted you to

reproduce 200 copies of the Bem Sex-Role Inventory for your research study.

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Date 30 April 1986

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Madison, Wisconsin 53706
608-262-5712

April 29, 1986

Karen J. Deby
221 Weston Drive
Spruce Grove, Alberta
Canada, T0E 2C0

Dear Ms. Deby:

I am pleased to give you my permission to use the SSI (Social Support Inventory) and the FILE (Family Inventory of Life Events and Changes) instuments. We have a policy to charge $5.00 (one time charge only) *per instrument* to individuals who seek permission. We apologize for this necessity. Please fill out the attached form and return with payment.

If I could be of any further assistance to you, please let me know.

Sincerely,

Hamilton I. McCubbin
Dean

attachment

HIM:tb